

MEDICINE MAN TECHNOLOGIES, INC.

Reported by **STEWART BRAD**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 07/02/24 for the Period Ending 06/28/24

Address 865 N. ALBION ST.

SUITE 300

DENVER, CO, 80220

Telephone 303-371-0387

CIK 0001622879

Symbol SHWZ

SIC Code 8742 - Services-Management Consulting Services

Industry Pharmaceuticals

Sector Healthcare

Fiscal Year 12/31

FORM 4

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL
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Estimated average burden

hours per response... 0.5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer						
Stewart Brad					Medicine Man Technologies, Inc. [SHWZ]								(Check all applicable) _X_ Director10% Owner					
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)							Officer (giv	e title below	r)Oth	er (specify b	elow)		
C/O MEDICINE MAN TECHNOLOGIES, INC., 865 N. ALBION ST., STE. 300						6/28/2024												
(Street) DENVER, CO 80220 (City) (State) (Zip)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
			Table I - I	Non-Der	ivati	ive Secu	ırities Acq	uire	ed, Dis	posed of	f, or l	Ben	eficially Owne	d				
1. Title of Security (Instr. 3) 2. Trans. I				rans. Date	2A. Deemed Execution Date, if any		3. Trans. Coo (Instr. 8)	de 4. Securities Acq or Disposed of (I (Instr. 3, 4 and 5)		D) Fo		Amount of Securities Beneficially Owned ollowing Reported Transaction(s) nstr. 3 and 4)			Ownership of I Form: Ber Direct (D) Ow	Beneficial Ownership		
							Code	V	Amour	(A) or (D)	Prio	ce				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock 6/28/202				28/2024			A		72,43	6 A	\$0	<u>(1)</u>			215,895	D		
	Tab	le II - Der	rivative Se	curities l	Bene	eficially	Owned (e	e.g.,	puts, c	calls, wa	rrant	ts, o	ptions, conver	tible secu	ırities)			
1. Title of Derivate Security (Instr. 3)	rity Conversion Date Executi		3A. Deemed Execution Date, if any	4. Trans. (Instr. 8)	Acquire Dispose (Instr. 3,		ve Securities I (A) or	courities and		te Exercisable Expiration Date Expiration Date		ities l ative . 3 an	Underlying Security d 4) ount or Number of	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

(1) The issuer granted the reporting person shares of common stock with an aggregate value of \$28,250 (based on the closing price of the common stock on the OTCQX Best Market on June 28, 2024) for service on its board of directors.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Ivame / Address	Director	10% Owner	Officer	Other			
Stewart Brad							
C/O MEDICINE MAN TECHNOLOGIES, INC.	v						
865 N. ALBION ST., STE. 300	Λ						
DENVER, CO 80220							

Signatures

/s/ Christine Jones attorney-in-fact for Brad Stewart

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.