FORM 4

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

OMB APPROVAL
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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

(Print or Type Responses)																	
Name and Address of Reporting Person * Niihara Yutaka			2. Issuer Name and Ticker or Trading Symbol Emmaus Life Sciences, Inc. [EMMA]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _X_ 10% Owner						
(Last) (First) (Middle) 21250 HAWTHORNE BLVD., SUITE 800			3. Date of Earliest Transaction (Month/Day/Year) 10/09/2020								X Officer (give title below) Other (specify below) Chairman and CEO						
(Street) TORRANCE, CA 90503			4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State)	(Zip)		Table I - Non-Derivative Securities Acq						cquir	uired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)	of Security 2. Transaction 2A. Deemed 3. Execution Date, if Transaction		f Tra	de		(A) or D	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Owners Form: Direct (lor Indire	hip Indirec Benefic Owners	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	V	Amount	(A) or (D)	Price	:	((I) (Instr. 4				
Common stock, \$0.001 par value	10/09/2020				P		500	A	\$ 0.98	10	10,703,746		D (1)	D (II)			
Common stock, \$0.001 par value	10/12/2020				P		1,000	A	\$ 0.9	10	10,704,746		D (1)				
Common stock, \$0.001 par value	10/13/2020				P		3,000	A	\$ 0.86 (2)	10	10,707,746		D (1)				
Common stock, \$0.001 par value										92	92,794			I	Intern Hospi	By Hope International Hospice, Inc. (3)	
Common stock, \$0.001 par value										63,000		I	By So Niiha				
Reminder: Report on a separate li	ne for each class of se	curities b	eneficiall	y own	ned dir	ectly	or indirec	tly.									
						C	ontained	in thi	s form	are	not requ	ction of inf uired to res OMB cont	pond	unless	SEC 14'	74 (9-02)	
	Table II						, Disposed				y Owned						
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Month/I	Day/Year) Execution any	ed Date, if			5.		ions, convertible securi 6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Tit Amor Unde Secur	tle and unt of crlying rities : 3 and	(Instr. 5)	Deriva Securi Benefi Owned Follow Report	tive ties cially d ving ted action(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	V (A) (I	E	Date Exercisable		ration	Title	Amount or Number of Shares						

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			

Signatures

Yutaka Niihara, M.D., M.P.H.	10/13/2020
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) The shares shown include shares owned jointly with Soomi Niihara, the reporting person's wife.
- The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$0.84 to \$0.88, inclusive. The reporting person
- (2) undertakes to provide to Emmaus Life Sciences, Inc., any security holder of Emmaus Life Sciences, Inc., and the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote (2).
- (3) Hope International Hospice, Inc, is a California corporation of which Dr. Niihara and his wife are the sole shareholders and directors.

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

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