

(Print or Type Responses)

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

OMB APPROVAL				
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nours per response				

INITIAL STATEMENT OF 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

Name and Address of Reporting Person Zwicker Ian Harvey	Stateme	2. Date of Event Requiring Statement (Month/Day/Year) 07/17/2019		3. Issuer Name and Ticker or Trading Symbol Emmaus Life Sciences, Inc. [EMMA]			
(Last) (First) (Middle 21250 HAWTHORNE BLVD., SUIT 800)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner		Filed(Month	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street) TORRANCE, CA 90503			b	Officer (give title elow)	Other (special below)	Applicable Lin _X_ Form file	al or Joint/Group Filing(Check ne) d by One Reporting Person d by More than One Reporting Person
(City) (State) (Zip)			Table I -	Non-Derivati	ive Securities 1	Beneficially Ov	
1.Title of Security (Instr. 4)			nount of Secu- ficially Owner	rities d	3. Ownership 4		t Beneficial Ownership
Reminder: Report on a separate line for each of Persons who reuniless the form Table II - Deri	spond to the displays a cι	collection of irrently valid	information OMB contro	contained in the last of the l		required to resp	
		e Exercisable and ation Date 3. Title an Securities		Amount of nderlying Derivat	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shar	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock option	01/14/2016	01/14/2026	Common stock	105,014	\$ 4.4756	D	
Stock option	05/10/2016	05/10/2026	Common stock	105,014	\$ 4.7613	D	
Stock option	02/27/2018	02/27/2018	Common	10,501	\$ 10.8562	D	

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Zwicker Ian Harvey 21250 HAWTHORNE BLVD. SUITE 800 TORRANCE, CA 90503	X				

Signatures

Ian H. Zwicker	07/26/2019
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.

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