FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 Ty	pe Response	s)																
1. Name and Address of Reporting Person* LEE WILLIS C					2. Issuer Name and Ticker or Trading Symbol Emmaus Life Sciences, Inc. [EMMA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 21250 HAWTHORNE BLVD., SUITE 800					3. Date of Earliest Transaction (Month/Day/Year) 10/14/2019							X Officer (give title below) Other (specify below) Vice Chairman & COO						
(Street) TORRANCE, CA 90503				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					e)	
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqu							ured. Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		Exec any	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		ction	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				Form: Direct (D)	of Ind Benef Owne	7. Nature of Indirect Beneficial Ownership				
						Co	ode	V	Amount	(A) or (D)	Price				or Indirect (Instr. (I) (Instr. 4)		. 4)	
Common value	stock, \$0.	001 par	10/14/2019				I	P		4,000	A	\$ 2.47 (1)	191,384			D		
Common value	stock, \$0.	001 par	10/15/2019				I	P		7,000	A	\$ 2.69 (2)	198,384			D		
Common stock, \$0.001 par value												75,761			I	By Pens Trus Com LLC FBO Will Lee	npany C O lis C.	
Reminder:	Report on a s	separate line fo	or each class of sec	curities l	beneficia	lly o	wned	direct	Pers	ons wh	o resp	orm ar	e not requ	ction of int uired to res OMB con	spond unl	ess	C 1474	1 (9-02)
			Table II					_		-			lly Owned					
Derivative Conversion D			ansaction 3A. Deemed Execution Da anth/Day/Year) any				5. Number a		6. D and (Mc	ons, convertible secur . Date Exercisable and Expiration Date Month/Day/Year)		7. T Am Und Sec	Fitle and count of derlying curities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owne Form Deriva Securi Direct or Ind	rship of B C (I (D) irect	(Instr. 4)
					Code	V	(A)	(D)	Date Exe		Expirati Date	ion Titl	Amount or Number of Shares					

Reporting Owners

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

LEE WILLIS C 21250 HAWTHORNE BLVD. SUITE 800 TORRANCE, CA 90503	X		Vice Chairman & COO		
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Signatures

Willis C. Lee	10/16/2019
**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).
- The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$2.20 to \$2.50, inclusive. The reporting person (1) undertakes to provide to Emmaus Life Sciences, Inc., any security holder of Emmaus Life Sciences, Inc., or 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 (1) and in footnote (2) to this Form 4.
- (2) The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$2.32 to \$2.76, inclusive.

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.