## FORM 4

(Print or Type Responses)

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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

I. Name and Address of Reporting Person – LEE WILLIS C				Emmaus Life Sciences, Inc. [EMMA]					(Check all applicable) _X_ Director 10% Owner					
(Last) (First) (Middle) 21250 HAWTHORNE BLVD., SUITE 800				3. Date of Earliest Transaction (Month/Day/Year) 03/17/2020					X Officer (give title below) Other (specify below) Vice Chairman & COO					
(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 PersonForm filed by More than One Reporting Person						
(City)		(State)	(Zip)	Table I - Non-Derivative Securities Acqu					nired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2A. Deemed Execution Date, if any (Month/Day/Year)	ution Date, if Code (Instr. 8)		tion 4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)  (A) or					ollowing	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
Common stock value	κ, \$0.0	001 par	03/17/2020		P	V	3,050	A	\$ 1.63 (1)	16,700			(Instr. 4)	By FMT CO CUST IRA FBO Willis Lee
Common stock value	x, \$0.0	001 par	03/18/2020		Р		3,500	Α	\$ 1.56 (2)	20,200			I	By FMT CO CUST IRA FBO Willis Lee
Common stock value	x, \$0.0	001 par								215,624			D	
Common stock value	x, \$0.0	001 par								75,761			I	By Pensco Trust Company LLC FBO Willis C. Lee
Reminder: Report	on a se	eparate line f	or each class of secur	rities beneficially ov		Pers	sons wh tained ir	o resp	form ar	e not requ	ction of inf uired to res	pond unl	ess	C 1474 (9-02)
				Derivative Securiti (e.g., puts, calls, wa										
1. Title of Derivative Security (Instr. 3)  Price of Derivative Security Or Executive Security Securi	ersion ercise of ative	3. Transactic Date (Month/Day/	on 3A. Deemed Execution Da (Year) any	4. Transaction Code Year) (Instr. 8)	5.	6. D and (Mc	Pate Exerc Expiratio nnth/Day/	risable on Date	7. T Am Und Sec	7. Title and Amount of Derivative Securities Gurities Instr. 3 and S. Price of Derivative Securities Beneficially Owned		Owner Form of Deriva Securit Direct or Indi	tive Ownership ty: (Instr. 4)	

	Code	V	(A)		Date Exercisable	Expiration Date	Title	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					

#### **Signatures**

Willis C. Lee	03/19/2020
**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).
- The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.57 to \$1.64, inclusive. The reporting person (1) 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 (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 \$1.51 to \$1.60, 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.