# 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 Reportin     Niihara Yutaka		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 _X_ 10% Owner				
(Last) (First) 21250 HAWTHORNE BLY	3. Date of Earl 04/01/2020	3. Date of Earliest Transaction (Month/Day/Year) 04/01/2020					X_Offic	X Officer (give title below) Other (specify below)  Chairman and CEO				
(Street)	4. If Amendme	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				
TORRANCE, CA 90503 (City) (State)	(Zip)											
	_		1	Non-l	Derivative	Secu	rities A	1 / 1		eneficially Ow		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Yea	Code	Transaction Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					7. Natural Indirectors Benefic Owners (Instr. 4	t cial ship
			Code	V	Amount	(A) or (D)	Price		(I) (Instr. 4)		ì	,
Common stock, \$0.001 par value	04/01/2020		P		22,500	A	\$ 1.27 (1)	10,553,74	3	D (2)		
Common stock, \$0.001 par value	04/02/2020		P		8,300	A	\$ 1.23 (3)	10,562,04	3	D (2)		
Common stock, \$0.001 par value								92,794		I	By Ho Intern Hospi Inc. (4	ational ice,
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 beneficiall	y owned dir	P	ersons w	ho re	s form	to the colle are not requ	uired to resp	ond unless	SEC 14	74 (9-02)
	Table II	I - Derivative Secu (e.g., puts, calls										
1. Title of Derivative Conversion or Exercise (Instr. 3) Price of Derivative Security Security 3. Transa Date (Month/I	Day/Year) Execution any	ed 4.	4. Transaction Code 5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	(Instr. 5) Bene Own- Follo Repo Trans (Instr	Derivative Securities Beneficially Dwned Following Reported Fransaction(s)	Security: Direct (D) or Indirect	Beneficia Ownershi (Instr. 4)	
					Oate Exercisable		ration	Amount or Number of				

## **Reporting Owners**

Relationships					
Director	10% Owner	Officer	Other		
	Director	Director 10%	Director 10% Officer		

Niihara Yutaka 21250 HAWTHORNE BLVD. SUITE 800 TORRANCE, CA 90503	X	X	Chairman and CEO		
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### **Signatures**

Yutaka Niihara, M.D., M.P.H.	04/03/2020
**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 \$1.16 to \$1.33, 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 (3) to this Form 4.
- (2) The shares shown include shares owned jointly with Soomi Niihara, the reporting person's wife.
- (3) The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.15 to \$1.25, inclusive.
- (4) 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.