## FORM 4

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

OMB APPROVAL
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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)																		
Name and Address of Reporting Person * 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) (Middle) 21250 HAWTHORNE BLVD., SUITE 800						3. Date of Earliest Transaction (Month/Day/Year) 05/05/2020								X Officer (give title below) Other (specify below) Chairman and CEO					w)	
(Street) TORRANCE, CA 90503					4. If	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)		Tabla I Non Positrativa Segurities As								canir	quired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)			Execution	A. Deemed 3. Transa		3. Transact	ransaction ode		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities		owing	6.		re of cial ship 4)			
								Code	V	Amou	ınt	or (D)	Price					(Instr. 4	)	
Commor value	stock, \$0.	.001 par	05/05/2	2020				P		3,00	) .	A	\$ 1.32 (1)	10,	,613,243	3		D (2)		
Commor value	stock, \$0.	.001 par	05/06/2	2020				P		1,00	) .	A	\$ 1.3	10,	614,24	3		D (2)		
Common stock, \$0.001 par value													92,	794	I II		By Hospi Inc.	national ice,		
Common stock, \$0.001 par value													63,	,000			I	By So Niiha		
Reminder:	Report on a s	separate line	e for each o	class of sec	curities b	oeneficia	lly o	wned di	P	erson: ontain	s wl	ho res	form	are ı	not requ	ction of inf lired to res OMB conf	spond	unless	SEC 14	74 (9-02)
				Table II		ative Se outs, cal									Owned					
1. Title of Derivative Conversion or Exercise Price of Derivative Security		(Month/Day/Year) any			d Date, if	4.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		e (1)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)  Rep Tra (Instr. 5)		vative Orities Fe ficially Ded Sowing Drted on saction(s)	Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)	
						Code	V	(A) (	]	Date Exercisa	ble		ration	Title	Amount or Number of Shares					

### **Reporting Owners**

		R	elationships	
	Director	10% Owner	Officer	Other
Reporting Owner Name / Address				

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.	05/07/2020
**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 \$1.29 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).
- (2) The shares shown include shares owned jointly with Soomi Niihara, the reporting person's wife.
- (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.