# 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)<br>21250 HAWTHORNE BLVD., SUITE 800 |                                   |   |   |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2020   |       |                 |  |   |                   |                   |                                | X Officer (give title below) Other (specify below)  Chairman and CEO  |  |   |  |  | w)  |
| (Street)  |                                   |   |   | 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 |  |   |  |  | Line)   |
| (City   | NCE, CA 9                         | 90503<br>(State)                          | (Zip)   |  |   |       |                 |  |   |                   |                   |                                |   | •  |   |  |  |   |
|   |                                   | (State)                                   |   |  |   |       | le I - N        | on-I   | )erivative  | Secu              | rities A          |                                |   | osed of, or E                            | Beneficia   | ally Ow  |  |   |
| 1.Title of Security (Instr. 3)                              |                                   | 2. Transaction<br>Date<br>(Month/Day/Year | Execution any   | A. Deemed<br>execution Date, if<br>ny<br>Month/Day/Year) |   | Code  |                 | 4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5) |   |                   |                   |                                | Owned Follonsaction(s)  | owing                                    | Form:<br>Direct (1  | 7. Natural Indirect Benefit Owner (Instr. 4)     | t<br>cial<br>ship  |   |
|   |                                   |   |   |  |   | C     | Code            | V  | Amount  | (A)<br>or<br>(D)  | Price             | •                              |   |  |   | (I)<br>(Instr. 4                                 | Ì  | ,   |
| Common value  | stock, \$0.                       | .001 par                                  | 05/14/2020  |  |   |       | P               |  | 1,400   | A                 | \$<br>1.29<br>(1) | 10                             | ,628,793  | 28,793 D                                 |   | D (2)  |  |   |
| Common stock, \$0.001 par value                             |                                   | 05/15/2020                                |   |  |   | P     |                 | 500  | A   | \$<br>1.29<br>(3) | 10                | 10,629,293                     |   |  | D (2)   |  |  |   |
| Common stock, \$0.001 par value                             |                                   |   |   |  |   |       |                 |  |   |                   | 92                | ,794                           |   |  | I   | By Ho<br>Intern<br>Hospi<br>Inc.                 | ational ice,   |   |
| Common stock, \$0.001 par value                             |                                   |   |   |  |   |       |                 |  |   |                   | 63                | 63,000                         |   |  | I   | By So<br>Niiha                                   |  |   |
| Reminder:   | Report on a s                     | separate line                             | e for each class of so                                  | ecurities b  | eneficiall  | y own | ned dire        | Pe   | ersons w  | ho re             | s form            | n are                          | not requ  | ction of inf<br>iired to res<br>OMB cont | spond ι   | ınless   | SEC 14   | 74 (9-02)   |
|   |                                   |   | Table I   |  | ative Secu  |       |                 |  |   |                   |                   |                                | y Owned   |  |   |  |  |   |
| Derivative<br>Security                                      | Derivative Conversion or Exercise |   | 3. Transaction 3A. Deemed Execution Da (Month/Day/Year) |  | te, if Transaction Code (Instr. 8)  Year)  4. Transaction of Occupation of Code (Accupation of Code (Accupation of Code (Instr. 8)) |       | 5. 6. Number ar |  | o. Date Exercisable<br>and Expiration Date<br>Month/Day/Year) |                   |                   | 7. Tit<br>Amo<br>Unde<br>Secur | r. 3 and  | (Instr. 5)                               | Derivat<br>Securiti<br>Benefic<br>Owned<br>Followi<br>Reporte | ative critics Fricially d Swing Cred o action(s) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature<br>of Indirec<br>Beneficia<br>Ownershi<br>(Instr. 4) |
|   |                                   |   |   |  | Code  | V     | A) (E           | Е  | ate<br>xercisable   |                   | ration            | Title                          | Amount<br>or<br>Number<br>of<br>Shares  | er                                       |   |  |  |   |

# **Reporting Owners**

| Relationships |              |              |                      |  |  |  |
|---------------|--------------|--------------|----------------------|--|--|--|
| Director      | 10%<br>Owner | Officer      | Other                |  |  |  |
|               |              |              |                      |  |  |  |
|               | Director     | Director 10% | Director 10% Officer |  |  |  |

| Niihara Yutaka<br>21250 HAWTHORNE BLVD.<br>SUITE 800<br>TORRANCE, CA 90503 | X | X | Chairman and CEO |  |  |
|--|---|---|------------------|--|--|
|--|---|---|------------------|--|--|

### **Signatures**

| Yutaka Niihara, M.D., M.P.H.    | 05/18/2020 |
|---------------------------------|------------|
| **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 \$1.30, 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 \$1.29 to \$1.30, 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.