## 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) 05/27/2020						X_ Office						
(Street) TORRANCE, CA 90503				4. It	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Form fil	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)			T. 1		, <b>,</b>			•,•		1 C T			•	
1.Title of Security (Instr. 3)  2. Transaction Date Expression (Month/Day/Year)			Execut any	A. Deemed 3. Execution Date, if Transaction		4. Securities Acquired				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		owing	6.	7. Natu Indirect Benefic Owners	t cial ship		
						(	Code	V	Amount	or (D)	Price				(I) (Instr. 4)		
Commor value	stock, \$0.	.001 par	05/27/2020				P		500	A	\$ 1.35	10,637,59	3		D (1)		
Common stock, \$0.001 par value		05/28/2020				P		2,200	A	\$ 1.37 (2)	10,639,79	0,639,793		D (1)			
Common stock, \$0.001 par value											92,794			I By Hop Internat Hospice Inc. (3)		ational ice,	
Common stock, \$0.001 par value											63,000			I	By Sc Niiha		
Reminder:	Report on a s	separate line	e for each class of s	ecurities	beneficial	ly owi	ned dir	Pe	ersons w	ho re in thi	s form	to the collectory are not requiremently valid	ired to res	pond (	unless	SEC 147	74 (9-02)
			Table									cially Owned					
	2. Conversion or Exercise Price of Derivative Security 3. Transac (Month/Da		ion 3A. Deemed Execution Date		4. Transact Code	5. Number of		ve es d			le inte inte inte inte inte inte inte int	7. Title and Amount of Underlying Securities (Instr. 3 and	Derivative Security (Instr. 5) Be Ov Fo Re	Derivat Securit Benefic Owned Follow Reporte	vative Oririties Fericially Deed Sowing Dorted saction(s) (I	ecurity: Direct (D) or Indirect	11. Nature of Indirec Beneficia Ownershi (Instr. 4)
					Code	V	(A) (I	Е	ate xercisable		ration	Amount or Number of Shares					

### **Reporting Owners**

	Relationships						
	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.	05/29/2020
**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).
- (1) The shares shown include shares owned jointly with Soomi Niihara, the reporting person's wife.
- The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.33 to \$1.39, inclusive. The reporting person (2) undertakes to provide to 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 (2).
- (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.