

FORM 4

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

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| 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

(Print or Type Responses)

| | | | | | | | | |
|--|--|--|---|--|--|--|--|--|
| 1. 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) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) Chairman and CEO | | |
| (Last) (First) (Middle) 21250 HAWTHORNE BLVD., SUITE 800 | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/16/2021 | | | | | |
| (Street) TORRANCE, CA 90503 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person | | |
| (City) (State) (Zip) | | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|------------|-------------|---|--|---|
| | | | Code | V | Amount | (A) or (D) | Price | | | |
| Common stock, \$0.001 par value | 07/16/2021 | | P | | 1,000 | A | \$ 1.5 | 10,793,871 | D (1) | |
| Common stock, \$0.001 par value | 07/19/2021 | | P | | 2,100 | A | \$ 1.46 (2) | 10,795,971 | D (1) | |
| Common stock, \$0.001 par value | 07/20/2021 | | P | | 1,800 | A | \$ 1.47 (3) | 10,797,771 | D (1) | |
| Common stock, \$0.001 par value | | | | | | | | 92,794 | I | By Hope International Hospice, Inc. (4) |
| Common stock, \$0.001 par value | | | | | | | | 63,000 | I | By Soomi Niihara |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 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) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|--------------------------------------|--|--------------------------------|---|---|-----|--|-----------------|---|--|--|--|--|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--------------------------------|---------------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |

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

Signatures

| | | |
|--|--|---------------------|
| Yutaka Niihara, M.D., M.P.H. | | 07/20/2021 |
| <small>**Signature of Reporting Person</small> | | <small>Date</small> |

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 \$1.40 to \$1.50, inclusive. The reporting person
 (2) 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 (2) and in footnote (3) to this Form 4.

(3) The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.43 to \$1.48, 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.