

(Print or Type Responses)

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

OMB APPROVAL				
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#### INITIAL STATEMENT OF 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

Name and Address of Reporting Person * Berecz Elizabeth	2. Date of Event Requiring Statement (Month/Day/Year) 10/31/2014		3. Issuer Name and Ticker or Trading Symbol Nemus Bioscience, Inc. [LGLRD]						
(Last) (First) (Middle) 650 TOWN CENTER DRIVE, SUITE 620	10/31/2014		4. Relationship of Issuer (Check	Reporting Person all applicable)	Filed(Mon	endment, Date Original th/Day/Year)			
(Street) COSTA MESA, CA 92626			X Officer (give title below) Other (specify below)  Chief Financial Officer		6. Individ Applicable I _X_ Form fi	ual or Joint/Group Filing(Check Line) led by One Reporting Person led by More than One Reporting Person			
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned								
1.Title of Security (Instr. 4)		2. Amount of See Beneficially Own (Instr. 4)	ned	*	4. Nature of Indire (Instr. 5)	ct Beneficial Ownership			
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.  Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivat Security (Instr. 4)		4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	ete Expirati Kercisable Date	on Title Amour Shares	nt or Number of	Security	(D) or Indirect (I) (Instr. 5)				

### **Reporting Owners**

	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Berecz Elizabeth 650 TOWN CENTER DRIVE SUITE 620 COSTA MESA, CA 92626			Chief Financial Officer	

## **Signatures**

/s/ Elizabeth Berecz	11/10/2014
**Signature of Reporting Person	Date

### **Explanation of Responses:**

#### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

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.