

(Print or Type Responses)

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

| OMB APPROVAL | | | | |
|--------------------------|-----------|--|--|--|
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| nours per response 0. | | | | |

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

3. Issuer Name and Ticker or Trading Symbol

2. Date of Event Requiring

| 1. Name and Address GEORGE THO | | 213011 | Statement (Month/Day/Year) 01/09/2015 National Statement (Month/Day/Year) National Statement (Month/Day | | | | 3. Issuer Name and Ticker or Trading Symbol Nemus Bioscience, Inc. [NMUS] | | | |
|-----------------------------------|----------------------|------------------------------|--|-------------------------|---|--|---|---|--|--|
| 650 TOWN CEN 1770 | (First) TER DRIVE | (Middle) | | | 4. Relationship of Issuer (Check X Director | f Reporting Person | Filed(Mon | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| COSTA MESA, | (Street) CA 92626 | | | | | Officer (give tit | | 6. Individed Applicable 1 X_ Form fi | 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) | Table I - Non-Derivative Securities Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 4) | | | | Be | Amount o eneficially nstr. 4) | of Securities Owned | 1 | 4. Nature of Indire (Instr. 5) | ect Beneficial Ownership | |
| Reminder: Report on | Persons unless th | who respond e form displa | to the c | ollection rently val | of inform | directly or indirectly. nation contained in the control number. I (e.g., puts, calls, war. | | · | | |
| 1. Title of Derivative (Instr. 4) | a | | Date Exercisable d Expiration Date onth/Day/Year) | | | and Amount of es Underlying Derivativ | Price of Derivative | 5. Ownership Form of Derivative Security: Direct | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | | Date Exercisable | | Expiration Date | Title 12 11 | mount or Number of ares | Security | (D) or Indirect (I) (Instr. 5) | | |
| | | | | | | | | | | |

Reporting Owners

| | Relationships | | | | |
|--|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| GEORGE THOMAS 650 TOWN CENTER DRIVE SUITE 1770 COSTA MESA, CA 92626 | X | | | | |

Signatures

| /s/ Thomas George | 01/12/2015 |
|---------------------------------|------------|
| **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.