## FORM 4

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

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 Ty	pe Response	s)															
Name and Address of Reporting Person * Murphy Brian Stuart				2. Issuer Name and Ticker or Trading Symbol Nemus Bioscience, Inc. [NMUS]							1		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
(Last) (First) (Middle) 650 TOWN CENTER DRIVE, SUITE 1770					3. Date of Earliest Transaction (Month/Day/Year) 10/20/2015								X Officer (give title below) Other (specify below)  CEO, Chief Medical Officer				
(Street) COSTA MESA, CA 92626				4. If Amendment, Date Original Filed(Month/Day/Year)							/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					
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu							rities	ired, 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)		if Co	(Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)				Beneficia Reported	nt of Securities ally Owned Following Transaction(s)		Ownership Form:	Beneficial
							Code	V	Amou	ınt	(A) or (D)	Price	(Instr. 3 a	ind 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock (1)		10/20/2015				A		375,0 (1)	00	A	\$ 0	375,000	)		D	
			Table II -	Deriv	vative Secur	ities .	Acquii	the	form di	spla	ys a d	curre	ntly valid	OMB con	spond unle trol numbe		
					puts, calls,								<b>y</b>				
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/V	Execution Da any			of Dec Sec Acc (A) Dissof (Inc.)	Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Und Secu	itle and ount of erlying urities tr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Beneficia Ownershi (Instr. 4)	
					Code V	(A	.) (D)		e ercisable		iration e	Title	Amount or Number of Shares				
Danar	ting O	WHOKE															

#### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Murphy Brian Stuart 650 TOWN CENTER DRIVE SUITE 1770 COSTA MESA, CA 92626	X		CEO, Chief Medical Officer					

# **Signatures**

Brian Stuart Murphy	10/22/2015
**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) Restricted Stock Award issued pursuant to the terms and conditions of the Company's 2014 Omnibus Incentive Plan and is subject to three year cliff vesting on October 20, 2018.

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.