

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

OMB APPROVAL				
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nours per response				

#### 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

(Print or Type Responses)						
1. Name and Address of Reporting Person* HEPPELL JAMES L	Statement (Month/Day/Year) 01/18/2018  Nemus Bioscier 4. Relationship of R Issuer		3. Issuer Name and Ticker or Trading Symbol Nemus Bioscience, Inc. [NMUS]			
(Middle) C/O NEMUS BIOSCIENCE, INC., 600 ANTON BLVD., SUITE 1100			(Check all applicable)		5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) COSTA MESA, CA 92626			Officer (give title Other (specify		6. Individed Applicable In App	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned					
1.Title of Security (Instr. 4)	Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
No securities beneficially owned.	0		D			
Reminder: Report on a separate line for each class of  Persons who respond unless the form displa  Table II - Derivative	to the collection only ays a currently val	of informatio lid OMB cont	n contained in the rol number.		·	
1. Title of Derivative Security (Instr. 4)  Da	Date Exercisable d Expiration Date onth/Day/Year)	3. Title and A Securities Un Security (Instr. 4)	·• · · · · · · · · · · · · · · · · · ·	4. Conversion	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)

### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
HEPPELL JAMES L C/O NEMUS BIOSCIENCE, INC. 600 ANTON BLVD., SUITE 1100 COSTA MESA, CA 92626	X				

## **Signatures**

James L. Heppell	01/23/2018
***Signature of Reporting Person	Date

# **Explanation of Responses:**

- \* 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.