

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

| OMB APPROVAL             |           |  |  |  |
|--------------------------|-----------|--|--|--|
| OMB Number:              | 3235-0104 |  |  |  |
| Estimated average burden |           |  |  |  |
| nours per response       | e 0.5     |  |  |  |

#### 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 Respor                                    | nses)                   |   |  |   |  |  |                                |   |   |
|--|-------------------------|---|--|---|--|--|--------------------------------|---|---|
| Name and Address of Reporting Person * Cesario Douglas A |                         | Stat  | 2. Date of Event Requiring<br>Statement (Month/Day/Year)<br>05/25/2018 |   | 3. Issuer Name and Ticker or Trading Symbol Nemus Bioscience, Inc. [NMUS]      |  |                                |   |   |
| 130 NORTH MA   | (First) ARINA DRIV      | (Middle)  | 05/25/2018   |   | 4. Relationship of Issuer  | , ,  | \ /                            | 5. If Amendment, Date Original Filed(Month/Day/Year)  |   |
| LONG BEACH,  | (Street) CA 90803       |   |  |   | Director X Officer (give tit below)  | all applicable)  10% Owner  Other (special below)  and Secretary | cify Applicable I  _X_ Form fi | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting Person |   |
| (City)   | (State)                 | (Zip)   | Table I - Non-Derivative Securities Beneficially Owned                 |   |  |  |                                |   |   |
|  |                         |   | ount of Se<br>cially Ow<br>4)  | r i i i i i i i i i i i i i i i i i i i |  |  | cct Beneficial Ownership       |   |   |
| No securities beneficially owned.                        |                         |   | 0  |   |  | D  |                                |   |   |
| Reminder: Report on                                      | Persons v<br>unless the | or each class of secu<br>who respond to t<br>e form displays a<br>I - Derivative Secu | the collecti<br>a currently  | on of in<br>valid C                     | nformation<br>OMB con  | on contained in t<br>trol number.                                |                                |   |   |
| 1. Title of Derivative (Instr. 4)                        | Security                | and Ex  | Date Exercisable<br>d Expiration Date<br>onth/Day/Year)                |   | 3. Title and Amount of<br>Securities Underlying Deri<br>Security<br>(Instr. 4) |  | Price of<br>Derivative         | 5. Ownership<br>Form of<br>Derivative<br>Security: Direct   | 6. Nature of Indirect Beneficial<br>Ownership<br>(Instr. 5) |
|  | De<br>Ex                |   | Expira<br>Date   | Tit                                     | Amour<br>Shares  | nt or Number of  | Security                       | (D) or Indirect<br>(I)<br>(Instr. 5)  |   |
|  |                         |   |  |   |  |  |                                |   |   |

### **Reporting Owners**

|   | Relationships |              |                   |       |  |
|---|---------------|--------------|-------------------|-------|--|
| Reporting Owner Name / Address                                      | Director      | 10%<br>Owner | Officer           | Other |  |
| Cesario Douglas A<br>130 NORTH MARINA DRIVE<br>LONG BEACH, CA 90803 |               |              | CFO and Secretary |       |  |

# **Signatures**

| Douglas A. Cesario               | 05/30/2018 |
|----------------------------------|------------|
| ***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.