# FORM 4

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

OMB APPROVAL
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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)												
1. Name and Address of Reporting Person * Emerald Health Sciences Inc.				2. Issuer Name and Ticker or Trading Symbol Nemus Bioscience, Inc. [NMUS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
OFFICE 8262, THE LANDING, 200 - 375 WATER ST.				3. Date of Earliest Transaction (Month/Day/Year) 12/27/2018					Office	r (give title belo	ow)	Other (specify b	eelow)	
(Street) VANCOUVER, A1 V6B 0M9				4. If Amendment, Date Original Filed(Month/Day/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)	7	Table I - N	Non-Do	erivative s	Securities	Acqu	ired, Disp	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		if Code (Instr.			4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		Beneficia Reported	nt of Securities ally Owned Following Transaction(s)		Ownership Form:	Beneficial	
			(Month/Day/Yea	Cod	e V	/ Amour	(A) or (D)	Price	(Instr. 3 a	and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		12/27/2018		J <u>(1)</u>		37,66	7 A	<u>(1)</u>	73,153,9	917		D	
				Derivative Secur		coi the iired, l	ntained in form dis	n this fo splays a of, or Ber	rm are curre reficia	e not requently valid		spond unle	ss	1474 (9-02)
1. Title of	2	3. Transaction		4.	5.		Date Exer			itle and	8 Price of	9. Number	of 10.	11. Natur
Derivative Security	Conversion or Exercise Price of Derivative Security	version   Date   Execution Date, if   Transaction   Number   and Expiration   Code   (Month/Day/Year)   (Month/Day/Year)   (Instr. 8)   Derivative   Securities		oriation Date Amo (Day/Year) Und Secu		ount of derlying urities tr. 3 and		Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners. Form of Derivati Security Direct ( or Indire	hip of Indirect Beneficia Ownersh (Instr. 4)				
				Code V	(A) (I			Expiratio Date	n Titl	Amount or Number of Shares				

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Emerald Health Sciences Inc. OFFICE 8262, THE LANDING 200 - 375 WATER ST. VANCOUVER, A1 V6B 0M9		X				

## **Signatures**

/s/ James L. Heppell, Director	12/28/2018
**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) The shares were issued pursuant to the conversion of accrued and unpaid interest on a convertible note, which is no longer outstanding, at the conversion price of \$.10 per share.

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.