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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							()			, , ,										
1. Name and Address of Reporting Person * Emerald Health Sciences Inc.					2. Issuer Name and Ticker or Trading Symbol Skye Bioscience, Inc. [SKYE]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Check all applicable)						
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 11/10/2022									Director X 10% Owner Officer (give title below) Other (specify below)						
OFFICE 8262 THE LANDING, 200-375 WATER ST.					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) VANCOUVER A1 V6B 0M9													Form filed	I by More	than O	ne Reportir	ng Person			
(City)	(State) (Zip)																			
			Table I - No	n-Deriv	ativ	e Securi	ties Acq	uired,	Dis	posed of,	or E	Benefi	cially Ow	ned						
Date					th/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Beneficially Following R		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									v	Amount		(A) or (D) Price		Transaction (Instr. 3 and				(Instr. 4)		
Common Stock 02/22					2/2023			Α		16,641,486 A		\$0.017	128,028,737		D					
Common Stock 02/2				02/22/	22/2023			Α		41,379,164 A		A	\$0.0386	169,407,901		D				
			Table II -							sed of, o				ed						
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Securities Underlyin Derivative Security (Instr. 3 and 4)		mount of derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficial Owned	e Ownershi s Form: Ully Direct (D) or Indirec	Beneficial Ownership				
				Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	- [1	Amount or Number of Shares		Following Reported Transact (Instr. 4)	ĭ '``	(I) (Instr. 4)	4)		
Warrants	\$0.151	11/10/2022		J/K ⁽¹⁾		9,141,486		11/10/2	2023	12/30/2024		nmon ock	9,141,486	\$0	9,141,486		D			
Warrants	\$0.017	02/22/2023		D			9,141,486	11/10/2	2023	12/30/2024		nmon ock	9,141,486	\$0	0		D			
Warrants with Credit Facility of Oct 5, 2018	\$0.0386	02/22/2023		P			2,500,000	11/01/2	2018	11/01/2023		nmon ock	2,500,000	\$0	0		D			
Warrants with Credit Facility of Oct 5, 2018 - T2	\$0.0386	02/22/2023		D ⁽²⁾			2,500,000	02/01/2	2019	02/01/2024		nmon ock	2,500,000	\$0	0		D			
Warrants with Credit Facility of Oct 5, 2018 -	\$0.0386	02/22/2023		D ⁽²⁾			2,500,000	03/29/2	2019	03/29/2024		nmon ock	2,500,000	\$0	0		D			

Explanation of Responses:

- 1. Warrants were acquired pursuant to a merger between Issuer and Emerald Health Therapeutics, Inc. ("Emerald"), whereby Reporting Person's outstanding warrants to purchase Emerald common stock were exchanged for warrants to purchase Issuer common stock.
- 2. Aggregate exercise price for the warrants was paid through a reduction in the debt Issuer owed to Reporting Person under the Multi Draw Credit Facility.

/s/ Stephen Hall, CFO of Emerald Health Sciences Inc. 03/15/2023

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).