FORM 4	•
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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).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

SEC 1474 (9-

02)

### 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 Type Responses)											
1. Name and Address of Reporting Po Sobieski Theodore R	2. Issuer Name an CannaVEST Cor			ading Syn	ıbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) 3066 SOFT HORIZON WAY	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/06/2013						Officer (give title below)	Other (specify b	pelow)	
(Street) LAS VEGAS, NV 89135	4. If Amendment, I	Date Origin	al Fi	led(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)	Tabl	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security	2. Transaction	2A. Deemed 3. Transaction 4. Securities Acquired						5. Amount of Securities	6.	7. Nature	
(Instr. 3)	Date	Execution Date, if	Code		•			Beneficially Owned Following	Ownership	of Indirect	
	(Month/Day/Year)	any	(Instr. 8)		(D)			Reported Transaction(s)	Form:	Beneficial	
		(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership	
		× • •	Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common stock	12/06/2013		Р		50,000	А	\$ 1	50,000	Ι	By trust (1)	

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

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 control number.

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5	5. Nui	mber	6. Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n c	of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	Ι	Deriva	ative	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	S	Securi	ities			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				P	Acqui	red			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				(	(A) or				4)			Following	Direct (D)	
					Ι	Dispo	sed						Reported	or Indirect	
						of (D)							Transaction(s)	< / <	
					~	Instr.	· ·						(Instr. 4)	(Instr. 4)	
					4	4, and	5)								
											Amount				
								Date	Expiration		or				
								Exercisable	Expiration Date	Title	Number				
								Excretisable	Duit		of				
				Code V	7 (	(A)	(D)				Shares				

## **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Sobieski Theodore R 3066 SOFT HORIZON WAY LAS VEGAS, NV 89135	х							

### Signatures



# **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) These securities are owned directly by the Sobieski Family Trust DTD 01-30-2003 (the "Trust") and indirectly by Theodore R. Sobieski as co-trustee of the Trust. Mr. Sobieski is a director of the issuer. Mr. Sobieski disclaims beneficial ownership of such securities except to the extent of his pecuniary interest therein.

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.