

### UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPR	OVAL
OMB	3235-
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burden hours p	er
response	0.5

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 * MCNULTY JAMES A	Statem	ent n/Day/Year	-		3. Issuer Name and Ticker or Trading Symbol CV Sciences, Inc. [CVSS]					
(Last) (First) (Middl 2688 SOUTH RAINBOW BOULEVARD, SUITE B	e) 01/04	/2010		Person(s) to I	ip of Reporting ssuer all applicable	5. If Amendment, Date Original Filed(Month/Day/Year)				
LAS VEGAS, NV 89146					Officer (give Other (specify			y 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	)	Tal	ble I	- Non-Derivati	ve Securitie	s Ben	eficially	Owned		
1.Title of Security (Instr. 4)		2. Amount of So Beneficially Ow (Instr. 4)			3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Owner	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock		50,	000		D					
not required number.	respond to to respond	o the colle unless th	ection ne for	n of informatior rm displays a c	contained i urrently valid	n this	control			
(Instr. 4) and Ex		te Exercisable expiration Date /Day/Year)		tle and Amount of rities Underlying vative Security r. 4)	4. Conversion or Exercise Price of	5. On Ow For Der	nership m of ivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Amount or Numl of Shares	Derivative Security	Dire or I (I)	urity: ect (D) ndirect				
Reporting Owners										

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address		10% Owner	Officer	Other		
MCNULTY JAMES A						
2688 SOUTH RAINBOW BOULEVARD	X					
SUITE B	Λ					
LAS VEGAS, NV 89146						

# **Signatures**

/s/ James McNulty	04/08/2016
**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.