FORM 4

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 APPR	ROVAL
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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

1 Manager														
Name and Address of Reporting Person * Sligar Gary			2. Issuer Name and Ticker or Trading Symbol CV Sciences, Inc. [CVSI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 2688 S. RAINBOW BLVD., SUITE B				3. Date of Earliest Transaction (Month/Day/Year) 07/14/2017					_		e title below)		(specify below)	
(Street) LAS VEGAS, NV 89146				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person				
(Cit						ative Securitie	s Acquired	cquired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any	med on Date, if Day/Year)	Code (Instr.	8) (A	Securities Acq a) or Disposed of the str. 3, 4 and 5) (A) or mount (D)	of (D) Ow Trai		Securities Being Reporte	d C F D o	wnership orm: Be firect (D) Indirect (In	eneficial wnership
							Person	s who respor	na to tne d	collection	of informa	ation	SEC 14	74 (9-02)
							contain form di	ed in this for splays a curr sed of, or Bend	m are not ently valid eficially Ov	required d OMB co	to respon	d unless the		74 (9-02)
Security	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti Code	5. Nun Deriva Securit	nber of tive ties red (A) posed	contain form dis ired, Dispo options, con	ed in this for splays a curr sed of, or Beno vertible secur ercisable and Date	m are not ently valid eficially Ov	t required d OMB co wned d Amount ying	to respon ntrol num	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transacti Code	5. Nun Deriva Securit Acquir or Disp of (D) (Instr.	nber of tive ties red (A) posed 3, 4,	contain form distance, Dispo options, con 6. Date Exe Expiration	ed in this for splays a curr sed of, or Bend overtible secure ercisable and Date y/Year)	rm are not rently valid eficially Overities) 7. Title an of Underly Securities	t required d OMB co wned d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficia Ownersh (Instr. 4)

Reporting Owners

Domestine Common Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Sligar Gary 2688 S. RAINBOW BLVD., SUITE B LAS VEGAS, NV 89146	X				

Signatures

/s/ Gary Sligar	03/27/2018
**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 option is fully vested on the date of grant.

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

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.