FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0104							
Estimated average burden								
hours per response:	0.5							

INITIAL STATEMENT OF 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

McCorkle William Stat			a. Issuer Name and Ticker or Trading Symbol CV Sciences, Inc. [CVSI]								
(Last) 9530 PADGET SUITE 107 (Street) SAN DIEGO (City)	(First) T STREET CA (State)	(Middle) 92126 (Zip)	0/21/2022			ionship of Reporting Person(s all applicable) Director Officer (give title below)) to Issuer 10% Owner Other (spec below)	fy (M	Amendment, Date of Original Filed nth/Day/Year) dividual or Joint/Group Filing (Check licable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned											
·· · ····· - · · · · · · · · · · · · ·						lly Owned (Instr. 4)			Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable at Expiration Date (Month/Day/Year)			ate	Derivative Security (Instr. 4) Conve		Conversion or Exercise	(D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Joerg Grasser as attorney-infact for William McCorkle

** Signature of Reporting Person Date

11/07/2022

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

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.

 $^{^{\}star}$ 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).

- POWER OF ATTORNEY FOR SECTION 16 REPORTING OBLIGATIONS

 Know all by these presents, that the undersigned hereby constitutes and appoints Joseph Dowling and Joerg Grasser, signing singly, the undersigned's true and lawful attorney-in-fact to:

 1. execute for and on behalf of the undersigned, in the undersigned which may be necessary or desirable to complete and execute any such Form 3, 4 or 5, complete and execute any such Form 3, 4 or 5, complete and execute any such Form 3, 4 or 5 complete and execute any amendme

 3. take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally re

 The undersigned hereby grants to such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever required, necessary or proper to be done in th

 The undersigned acknowledges that the foregoing attorney-in-fact, in serving in such capacity at the request and on the behalf of the undersigned, is not assuming, nor is the Company

 This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 or 5 with respect to the undersigned's holdings of and tran

 ISIGNATURE PAGE FOLLOWS! This Fower of Actorna, SHEET IS [SIGNATURE PAGE FOLLOWS] IN WITNESS WHEREOF, the undersigned has executed this Power of Attorney as of this 7th day of November, 2022.

Signed and acknowledged:

/s/ Bill McCorkle Signature

Bill McCorkle Printed Name