

(Print or Type Responses)

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

OMB APPROVAL				
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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

Name and Address of Reporting Person * Woody James N.	2. Date of Event Statement (Mon 11/06/2020			3. Issuer Name and Ticker or Trading Symbol 180 Life Sciences Corp. [ATNF]					
(Last) (First) (Middle) 830 MENLO AVENUE, SUITE 100	11/00/2020		4. Relationship of Issuer	, ,		5. If Amendment, Date Original Filed(Month/Day/Year)			
(Street) MENLO PARK, CA 94025			_X_ Director _X_ Officer (give tit below)	_X_ Officer (give title Other (specify		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)	Table I - Non-Derivative Securities Beneficially Owned					wned			
1.Title of Security (Instr. 4)			ally Owned	1	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock		24,252		D					
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) 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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
(Instr. 4)	y 2. Date Exercisable and Expiration Date (Month/Day/Year)		le and Amount of rities Underlying Derivativ rity : 4)	Price of Derivative	Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	eate Expira exercisable Date	Title	Amount or Number of Shares	Security	(D) or Indirect (I) (Instr. 5)				

Reporting Owners

	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Woody James N. 830 MENLO AVENUE, SUITE 100 MENLO PARK, CA 94025	X		Chief Executive Officer	

Signatures

/s/ James N. Woody, M.D., Ph.D.	11/12/2020
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.