FORM 4

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

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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 Person * STEINMAN LAWRENCE			2. Issuer Name and Ticker or Trading Symbol 180 Life Sciences Corp. [ATNF]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner					
(Last) (First) (Middle) 830 MENLO AVENUE, SUITE 100			3. Date of Earliest Transaction (Month/Day/Year) 04/07/2021						Office	r (give title belo	ow)	Other (specify b	elow)	
(Street) MENLO PARK, CA 94025			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person							
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					s Acqu	uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		(Instr. 8)		4. Securities Acquired (A) or Disposed of (Disposed of (D		of (D)	D) Beneficially Owned Followin Reported Transaction(s)		ollowing	Form:	7. Nature of Indirect Beneficial
				(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)				Ownership (Instr. 4)
Common	Stock		04/07/2021		A ⁽¹⁾		22,585	A	\$ 6.14				D	
Reminder:	Report on a s	separate line for	r each class of secu	rities beneficially ov		Pers	ons who	respo			ction of int	ormation		1474 (9-02)
Reminder:	Report on a s	separate line for		Derivative Securit	ies Acquire	Pers cont the f	ons who ained in form disp	respo this fo plays a f, or Be	orm are curre	not requesting ntly valid	uired to res		ss	1474 (9-02)
1. Title of	•	3. Transaction Date (Month/Day/Y	Table II - 3A. Deemed Execution D any	Derivative Securit (e.g., puts, calls, wate, if Transaction Code (Year) (Instr. 8)	ies Acquire	Pers cont the f	ons who ained in form disp	o respo this fo plays a f, or Ber ible secu isable in Date	neficial urities) 7. T Ame Und Seco	not requesting ntly valid	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nat of Indir Benefic Owners : (Instr. 4

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
STEINMAN LAWRENCE 830 MENLO AVENUE, SUITE 100 MENLO PARK, CA 94025	X				

Signatures

/s/ Lawrence Steinman, M.D.	04/08/2021
**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) Issued in consideration for accrued compensation due for services rendered as Co-Executive Chairman of the Issuer. Granted under the registrant's 2020 Omnibus Incentive Plan. Exempt from Section 16(b) pursuant to Rule 16b-3.

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.