FORM 4

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

OMB APPRI	OVAL
OMB Number:	3235-0287
Estimated average b	ourden
houre por roeponeo	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

(Finit of Typ	e Responses)														
1. Name and Address of Reporting Person * Marrone Pamela G				2. Issuer Name and Ticker or Trading Symbol 180 Life Sciences Corp. [ATNF]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner				
(Last) (First) (Middle) 3000 EL CAMINO REAL, BLDG. 4, SUITE 200				3. Date of Earliest Transaction (Month/Day/Year) 08/04/2021							-	Officer (give	title below)	Ot	her (specify belo	w)
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person uired, Disposed of, or Beneficially Owned				
PALO ALTO, CA 94306 (City) (State) (Zip)			Table I - Non-Derivative Securities Acqu							s Acquir						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Dany (Month/Day/		ate, if		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D) Owned Foll		\ /		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
						Code	e V A	V Amount (.		Price			or Indirect (I) (Instr. 4)	(Instr. 4)		
Common	Stock										()			D	
								in this f	orm are ı	not re	quired	collection of to respond IB control n	unless the		ned SEC	1474 (9-02)
	2. Conversion or Exercise Price of Derivative Security	*****	Table II - 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	tion of S	ls, war ı 5. Numl	per (d) (A) osed	in this f	orm are its a current sed of, or avertible sed of are	not rently v Benef	quired alid OM ficially (ties)	to respond MB control n Dwned and Amount erlying es	unless the umber.		of 10. Owners Form o y Derivat Security Direct (or Indir	11. Natu of Indire f Benefici ive Ownersl y: (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	tion of S	Is, ward 5. Number Derive Securiti Acquire for Disposof (D) (Instr. 3	rants, oper operative I (a) (b) oper (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	in this f displays ired, Dispo options, con 6. Date Exe Expiration	sed of, or overtible section of the control of the	not rently v Benefactoriand	ralid ON ficially (ties) 7. Title of Under	to respond MB control n Dwned and Amount erlying es	8. Price of Derivative Security	9. Number Derivative Securities Beneficiall Owned Following Reported	of 10. Owners Form o y Derivat Security Direct (or Indir	11. Natu of Indire f Benefici ive Ownersl (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Marrone Pamela G 3000 EL CAMINO REAL, BLDG. 4, SUITE 200 PALO ALTO, CA 94306	X					

Signatures

/s/ Pamela Marrone	08/05/2021
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) Granted in consideration for services rendered and to be rendered as a member of the Board of Directors. Granted under the registrant's 2020 Omnibus Incentive Plan. Exempt from Section 16(b) of the Securities Exchange Act of 1934 pursuant to Rule 16b-3 promulgated under the Exchange Act.
- (2) The Options vest at the rate of 1/48th of such options ratably on a monthly basis over the following 48 months following the grant date, on the last day of each calendar month (beginning on August 31, 2021), subject to the holder's continued service to the Company.

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.