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 Typ	e Responses)															
1. Name and Address of Reporting Person * Francis Knuettel II				2. Issuer Name and Ticker or Trading Symbol 180 Life Sciences Corp. [ATNF]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner				
3000 EL	*	(First) REAL, BLDG. 4		3. Date of 08/04/2		iest Tra	ınsacti	on (Mo	nth/D	ay/Year)			Officer (give	title below)	Oti	ner (specify belo	ow)
(Street) PALO ALTO, CA 94306				4. If Amendment, Date Original Filed(Month/Day/Year)							ar)	_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				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							urities	s Acquired	uired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if any (Month/Day/Year)		ate, if		(A		. Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5)		of (D) Ov Tra			d C	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
							Cod	le '	V A		(A) or (D)	Price	, , ,			or Indirect (I) (Instr. 4)	
Common	Stock											0				D	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	(e.g., puts, calls, w 4. 5. Nu f Transaction of De Code Secur f) (Instr. 8) Acqu or Di of (D (Instr. 8) Instruction of Code (Instruction of Code (Instruction of Code (Instruction of Code (Instr. 8) Instruction of Code (Instruction of Code (Instr. 8) Instruction of Code (Instruction of Code (Instruction of Code (Instr. 8) Instruction of Code (Instruction of		Ils, war 5. Num of Derig Securiti Acquire or Disp of (D) (Instr. 3	ies Acquired, Darrants, options mber fivative Expirat ities (Month ired (A) spoosed) . 3, 4,		Dispos s, con e Exer ation I	on Date Day/Year)		ficially Ow	wned nd Amount ying	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	Owners Form of Derivat Security Direct (or Indir	Ownershi (Instr. 4)
				Code	V	(A)	(D)	Date Exerci	sable	Expiration Date	on	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	(I) (Instr. 4)
Non-																	

Reporting Owners

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

Signatures

/s/ Francis Knuettel II	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.