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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

10b5-1(c). See Ins	struction 10.			
1. Name and Addres	s of Reporting Perso	n [*]	2. Issuer Name and Ticker or Trading Symbol 180 Life Sciences Corp. [ATNF]	Relationship of Reporting Person(s) to Issuer (Check all applicable) Provided the Applicable (Check all applicable) Provided the Applicable (Check all applicable) Provided the Applicable (Check all applicable) The Applicable (Check all applicable)
(Last) (First) (Middle)		(3. Date of Earliest Transaction (Month/Day/Year) 08/08/2025	X Director 10% Owner Officer (give title Other (specify below) below)
3000 EL CAMINO REAL, BLDG. 4, SUITE 200 (Street)			If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person
PALO ALTO	CA	94306		
(City)	(State)	(Zip)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, T		tion nstr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock								132,439	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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 any (Month/Day/Year)	4. Transac Code (In 8)		Derivative		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative	9. Number of derivative Securities Beneficially Owned Following Reported	Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Non-Qualified Stock Option (right to buy)	\$3.01	08/08/2025		A		181,422		(1)	08/08/2035 ⁽¹⁾	Common Stock	181,422	\$0 ⁽²⁾	181,422	D	

Explanation of Responses:

- 1. The options were granted under the 2025 Second Supplemental Option Plan of the Issuer. The options vested immediately, but are not exercisable until stockholder approval of the 2025 Second Supplemental Option Plan is received. If stockholder approval is not received prior to August 8, 2026, the options will be cancelled.
- 2. Issued to the Reporting Person in consideration for services rendered and agreed to be rendered to the Issuer as a director of the Issuer.

/s/ Stephen H. Shoemaker 08/11/2025

** Signature of Reporting Person Date

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

- * 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).

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.