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

				Relati	onship	s								
Reporting C	O wners													
			Code V	(A) (D			Expiration Date	Title	Amount or Number of Shares					
Security				Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				4)			Following Reported Transaction(s) (Instr. 4)	Direct (E or Indirect s) (I) (Instr. 4)	/	
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative	(Month/Day/	Execution Dat Year) any	4. Transaction Code (Instr. 8)	5. Number of Derivativ Securities	and (Mo			Amo Undo Secu	tle and ount of erlying crities r. 3 and		9. Number of Derivative Securities Beneficially Owned	Ownersh Form of	of Indirect Beneficial Ownership (Instr. 4)	
			Derivative Securit e.g., puts, calls, w						ly Owned					
Reminder: Report on a	separate line fo	r each class of securi	ities beneficially o	wned dire	Pers	ons wh	o respor	m are	not requ		formation spond unles trol number	s	1474 (9-02)	
Common Stock		12/10/2021		P		3,800		\$ 3.87	76,408]	D		
			(Month Day) Tear	Code	V Amou		(A) or (D)	Price (msu. 3		mu -1)		or Indirect (I) (Instr. 4)	(Instr. 4)	
(Instr. 3)			2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5)			(Instr. 3 and 4) 5. Amount of Se Beneficially Ow Reported Transa		Following (s)	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
(City) (State) (Zip)			Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
(Street) PALO ALTO, CA 94306			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					
(Last) (First) (Middle) 3000 EL CAMINO REAL, BLDG. 4, SUITE 200			3. Date of Earliest Transaction (Month/Day/Year) 12/10/2021						X Officer (give title below) Other (specify below) Interim CFO					
(Print or Type Responses) 1. Name and Address of Reporting Person * Pamir Ozan			2. Issuer Name and Ticker or Trading Symbol 180 Life Sciences Corp. [ATNF]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Print or Type Respons	es)													

10%

Owner

Officer

Interim CFO

Other

Director

Signatures

PALO ALTO, CA 94306

Pamir Ozan

/s/ Ozan Pamir	12/13/2021
**Signature of Reporting Person	Date

Reporting Owner Name / Address

3000 EL CAMINO REAL, BLDG. 4, SUITE 200

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).

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.