FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
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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

### 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

affirmative defense 10b5-1(c). See Ins	e conditions of Rule struction 10.							
1. Name and Address of Reporting Person*  Marrone Pamela G			2. Issuer Name and Ticker or Trading Symbol  180 Life Sciences Corp. [ ATNF ]	S. Relationship of Reporting Person(s) to Issuer     (Check all applicable)     X. Director 10% Owner				
(Last) (First) (Middle)		,	3. Date of Earliest Transaction (Month/Day/Year) 09/04/2023	Officer (give title Other (specify below)				
3000 EL CAMINO REAL, BLDG. 4 SUITE 200			4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person				
(Street)				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

, (	2. Transaction Date (Month/Day/Year)	 3. Transaction Code (Instr. 8)		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	09/04/2023	A <sup>(1)</sup>		22,388	A	\$0.0(1)	34,857.019	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)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	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)	\$0.67	09/04/2023		A <sup>(2)</sup>		15,000		(3)	09/04/2033	Common Stock	15,000	\$0.0 <sup>(2)</sup>	15,000	D	

### **Explanation of Responses:**

1. Issued in consideration for serving on the Board of Directors and as a Member of the Compensation and Risk, Safety and Regulatory Committees of the Board of Directors, for the quarter ended June 30, 2023. Granted under the registrant's First Amended and Restated 2022 Omnibus Incentive Plan. Exempt pursuant to Rule 16b-3.

- 2. Granted in consideration for services rendered and to be rendered as a member of the Board of Directors. Granted under the registrant's Amended and Restated 2022 Omnibus Incentive Plan. Exempt pursuant to Rule 16b-3.
- 3. The options vest at the rate of 1/12th of such options ratably on a monthly basis over the following 12 months on the last day of each calendar month (beginning September 30, 2023), subject to the Reporting Person's continued service to the Company on such vesting dates.

/s/ Pamela Marrone

\*\* Signature of Reporting Person

09/06/2023 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.