FORM 5	5
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Г	Check this box if no longer
	subject to Section 16. Form 4
	or Form 5 obligations may
	continue. See Instruction 1(b).
	Form 3 Holdings Reported

Form 4 Transactions

Reported

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

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SEC 2270 (9-02)

ANNUAL 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

1. Name and Address of R Quintero Jesus	2. Issuer Name <b>and</b> Ticker or Trading Symbol Marijuana Co of America, Inc. [MCOA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 16860 SOUTHWEST	(First)	(Middle)	3. Statement for I (Month/Day/Year 12/31/2019		ear Ended			X_Officer (give title below)Other (specify below)Other (specif			
(	<ul><li>4. If Amendment, Date Original Filed(Month/Day/Year)</li></ul>				6.	6. Individual or Joint/Group Reporting (check applicable line)					
PEMBROKE PINES, FL 33027								X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person			
(City)	(State)	(Zip)	T	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Own							
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)3. Transaction Code (Instr. 8)4. Securities Acquire or Disposed of (D) (Instr. 3, 4 and 5)2. Transaction (Month/Day/Year)(Month/Day/Year)3. Transaction Code (Instr. 8)4. Securities Acquire or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership				
Common Stock		07/10/2019		А	1,166,667	А	\$1	1,170,834	D		
Class A Preferred		10/28/2019		А	3,333,333	А	\$ 0.001	3,333,333	D		

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

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
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( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Titl	le and	8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numb	er	and Expirati	on Date	Amou	int of	Derivative	of	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	Year)	Under	rlying	Security	Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriva	ative			Secur	ities	(Instr. 5)	Securities	Derivative	Ownership
	Derivative				Securi	ities			(Instr.	. 3 and		Beneficially	Security:	(Instr. 4)
	Security				Acqui	red			4)			Owned at	Direct (D)	
					(A) or							End of	or Indirect	
					Dispo	sed						Issuer's	(I)	
					of (D)	1						Fiscal Year	(Instr. 4)	
					(Instr. 3,					(Instr. 4)				
					4, and 5)		, and 5)							
										Amount				
							Data	Emination		or				
							Date Exercisable	Expiration	Title	Number				
							Exercisable	Date		of				
					(A)	(D)				Shares				

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Quintero Jesus 16860 SOUTHWEST 1ST STREET PEMBROKE PINES, FL 33027	Х		CFO				

## Signatures

/s/ Jesus Quintero	04/30/2020	
**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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.