FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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).

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

	pe Response															
1. Name and Address of Reporting Person * STEINBERG DONALD J				2. Issuer Name and Ticker or Trading Symbol Marijuana Co of America, Inc. [MCOA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 1340 WEST VALLEY PARKWAY, SUITE 205			_	3. Date of Earliest Transaction (Month/Day/Year) 05/14/2020						-	Office	r (give title belo	ow)	Other (specify b	elow)	
(Street) ESCONDIDO, CA 90071			4. I	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City		(State)	(Zip)			Tab	ble I - No	on-De	rivative	Securities	Acquii	red, Dispe	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		A. Deemed xecution Date, if		3. Transaction Code (Instr. 8)					5. Amount of Securities		6. Ownership Form:	Beneficial		
					(Month/Day/Year)		Code V		Amoun	(A) or (D) Price		(Instr. 3 and 4)		\ /	Ownership (Instr. 4)	
Common	1		05/14/2020				S		529,00	0 D	S 0.005	6,997,4	29		D	
		separate line	for each class of	securities	beneficially	y owi	ned dire	Per	sons wh	o respor			ction of inf			1474 (9-02)
		separate line		II - Deri	vative Secu	ritie	es Acqui	Per con the	sons whatained in form dis	no respor n this for splays a o	m are curren	not requ tly valid	ired to res	ormation spond unle crol numbe	ss	1474 (9-02)
Reminder: 1. Title of Derivative Security	Report on a s	3. Transacti Date	on 3A. Dee Execution any	II - Deri (e.g., ned n Date, if	•	SAA((A)	es Acqui rrants, o	Per con the red, I ption (More	sons whatained in form dis	on respor n this for splays a co of, or Bene- tible secur cisable on Date	eficially ities) 7. Tit Amo Unde Secure	not required valid y Owned tle and unt of erlying	ired to res	spond unle rol numbe 9. Number	of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Nat of Indir Benefic Owners: (Instr. 2

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
STEINBERG DONALD J 1340 WEST VALLEY PARKWAY SUITE 205 ESCONDIDO, CA 90071		X				

Signatures

/s/ Donald Steinberg	05/29/2020
**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 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.