FORM 4

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

OMB APPROVAL				
DMB Number:	3235-0	287		
Estimated average	burden			
ours per response	э	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

1 Name and																
1. Name and Address of Reporting Person * Maggiore Christopher D.			2. Issuer Name and Ticker or Trading Symbol Zivo Bioscience, Inc. [HEPI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner							
(Last) (First) (Middle) 4788 NOBLES POND DR. NW				3. Date of Earliest Transaction (Month/Day/Year) 11/28/2014					-	Officer (give title below) Other (specify below)						
(Street) CANTON, OH 44718			4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						lired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Day/Year)) any	cution Date, if	Code (Instr. 8)	ction	(A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Reported Transaction		Following n(s)	Ownership Form:	7. Nature of Indirect Beneficial
					(Mont	h/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3	(Instr. 3 and 4) Direct (D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common	Stock		11/28/2	.014			P		125,400	A	\$ 0.0863	13,295,	762		D	
	Report on a	separate line	for each o	class of sec	urities	beneficially	owned dir	ectly	or							
Reminder: indirectly.	Report on a	separate line		Table II -	Deriva	ntive Securi	ties Acqui	Per con the	sons wh tained ir form dis	this for Be	orm are a currei neficial	not req	uired to re I OMB cor	formation spond unl trol numb	ess	EC 1474 (9- 02)
indirectly.		•		Table II - 1	Deriva (<i>e.g.</i> , p	itive Securi	ties Acqui	Per con the	sons wh tained ir form dis Disposed o	this for plays and the formula of th	orm are a curre neficial urities)	e not req ntly valid	uired to re I OMB cor	spond unl	ess er.	02)
	2.	3. Transaction	on 34 Ex/Year) ar	Table II - (Deriva (e.g., p	ative Securiouts, calls, w 4. Transaction	ties Acquirarrants, o	Per con the red, D ptions er 6. I and e (M	sons wh tained ir form dis	f, or Be ible security and the contract of the	neficiallurities) 7. Ti Amo Unde	not req	uired to re I OMB cor	spond unlatrol number of 9. Number of	of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Nature of Indirec Beneficial Ownershi (Instr. 4)

Reporting Owners

Barrella Carrella Name / Addition	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Maggiore Christopher D. 4788 NOBLES POND DR. NW CANTON, OH 44718		X				

Signatures

/s/ Christopher Maggiore	12/01/2014
**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.