# 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).

#### 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

(Print or Ty	pe Response	S)															
Name and Address of Reporting Person *  Maggiore Christopher D.					2. Issuer Name and Ticker or Trading Symbol Zivo Bioscience, Inc. [ZIVO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) (First) (Middle) 4788 NOBLES POND DR. NW					3. Date of Earliest Transaction (Month/Day/Year) 11/17/2017									er (give title belo		Other (specify	below)
(Street)				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					
CANTON, OH 44718 (City) (State) (Zip)					Table I - Non-Derivative Securities Acqui							ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Ye	Exec ar) any	2A. Deemed Execution Date, if		3. Transaction Code (Instr. 8)			(A) or Disposed of (D) (Instr. 3, 4 and 5)		quired of	5. Amour Beneficia	nt of Securities ally Owned Following I Transaction(s)		6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
							Code V		Amoun	(A) or (D)	Price			(I) (Instr. 4)			
Common Stock 11/1		11/17/2017					P		20,000	A	\$ 0.08	13,815,831			D		
			Table II	- Deriv	ative Secu	ritie	es Acc	1	conta the f	ained ii orm dis	n this fo splays a	rm ar curre	e not req	uired to re d OMB cor	formation espond un ntrol numb	ess	EC 1474 (9- 02)
			Table II		uts, calls,									•			
Security	Conversion	3. Transaction Date (Month/Day/	Year) Execution Da	Date, if	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		Am Uno Sec	Title and count of derlying urities etr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Beneficia Ownersh (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	n Titl	Amount or e Number of Shares				

#### **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	X					

#### **Signatures**

/s/ Christopher Maggiore	11/22/2017
**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.