FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
stimated average burden					
ours per response	. 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

(Fillit of Ty	pe reesponse														
1. Name and Address of Reporting Person *- DAHL ANDREW A				2. Issuer Name and Ticker or Trading Symbol Zivo Bioscience, Inc. [ZIVO]					5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) Other (Specify below)					
7 WEST SQUARE LAKE ROAD, STE 6165				3. Date of Earliest Transaction (Month/Day/Year) 11/08/2017											
(Street) BLOOMFIELD HILLS, MI 48302			4. If A	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					
(Ci		(State)	(Zip)		Table I - Non-Derivative Securities Acqu				es Acquire	uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		Exe ear) any	Execution Date, if Code (Instr. (Month/Day/Year)		de	(A) or		of (D) Or	Owned Following Reported Transaction(s) (Instr. 3 and 4)		I I (6. 7. Nature Ownership of Indirect Form: Beneficial Direct (D) or Indirect (I) (Instr. 4)			
Reminder:	Report on a	separate line for eac	h class of securities l	beneficia	ally owned	d directly	or ind		who roonen	d to the	a allo ation of in	of a wood la	n aantainad	in CEC 1	474 (0.02)
Reminder:	Report on a	separate line for eac		II - Deri	vative Sec	curities A	Acquir	Persons this form currently	are not requested of, or Benefit	uired to r control n ficially Ov					474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table I 3A. Deemed Execution Date, if	II - Deri (e.g., 4. Transact Code	vative Sec puts, call 5. Nu tion Deriv Secur) Acqu Dispo	curities A	Acquinants, o	Persons this form currently	are not request valid OMB of the order of th	uired to r control n ficially Ov ties)	respond unles number. wned and Amount of ing Securities	s the form		f 10. Ownersh Form of	11. Naturip of Indire Benefici e Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table I 3A. Deemed Execution Date, if any	II - Deri (e.g., 4. Transact Code	vative Sec puts, call 5. Nu tion Deriv Secur) Acqu (Instr	curities A ls, warra imber of vative rities iired (A) osed of (I r. 3, 4, an	Acquinants, o 6 E (I or D) ad	Persons this form currently red, Dispose options, conv 5. Date Exerc Expiration Da	are not request valid OMB of the order of th	control n ficially Ov ties) 7. Title a Underlyi	respond unles number. wned and Amount of ing Securities	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Naturip of Indire Benefici e Ownersh (Instr. 4)

Reporting Owners

D (1 0 N / 11)	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DAHL ANDREW A 7 WEST SQUARE LAKE ROAD, STE 6165 BLOOMFIELD HILLS, MI 48302			President/CEO			

Signatures

/s/ Andrew D. Dahl	02/09/2018
Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, \emph{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).
- (1) The warrants were issued to the reporting person as compensation for his services as President and CEO.

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.