# FORM 4

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

OMB APF	ROVAL					
OMB Number:	3235-0287					
Estimated average burden						
hours per respor	nse 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

(Print or Ty	pe Response	es)																
Name and Address of Reporting Person *     Maggiore Christopher D.					2. Issuer Name and Ticker or Trading Symbol Zivo Bioscience, Inc. [ZIVO]								5	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) 08/23/2017							:)	_		r (give title belo		Other (specify b	elow)
(Street) CANTON, OH 44718				4. If Aı	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 Acquired, Disposed of, or Beneficially Owned														
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Execution any		, if	Code (Instr. 8)		tion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			(D)	Beneficially Owned Following Reported Transaction(s)		Ownership of Form:	Beneficial	
				(Month/	Day/Ye	ear)	Coo	de	V	Amount	(A) or (D)	Pr	o (I			Ownership (Instr. 4)		
Common	Stock		08/24/2017				P			20,000	A	\$	675	13,602,8	831		D	
indirectly.			Table II -	Derivativ	ve Secu	ıritie	es Acc	1	con the	tained i form dis	n this splays	forn s a c	n are urrer	not requality	uired to re	formation espond unl atrol numb	ess	EC 1474 (9- 02)
1 mid 0		la		(e.g., put		_									0.0: 0	0.31	21.0	
Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Ye:	Execution Dany	Date, if C	4. Transaction Code Year) (Instr. 8)		of a		and	Date Exercisable and Expiration Date Month/Day/Year)		Amo Unde Secu	unt of erlying rities r. 3 and	Derivative Security (Instr. 5)	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	Beneficial Ownership (Instr. 4)	
					Code	V	(A)	(D)	Dat Exe	e ercisable	Expira Date	ation	Title	Amount or 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	08/24/2017
**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.