# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours 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

	nd Address o	f Reporting Pa	rcon *	2 Issuer Nam	e and T	icker (	or Tra	ding Sy	mbol		5. Relation	nship of Rer	orting Pers	on(s) to Issu	er
Name and Address of Reporting Person —     Maggiore Christopher D.			2. Issuer Name and Ticker or Trading Symbol Zivo Bioscience, Inc. [ZIVO]						X Direct	(Che	eck all appli				
(Last) (First) (Middle) 4788 NOBLES POND DR. NW			3. Date of Earliest Transaction (Month/Day/Year) 11/24/2017							r (give title belo		Other (specify b	pelow)		
(Street)				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					
CANTO	N, OH 447	18									Form file	ed by More than	One Reporting	Person	
(City	7)	(State)	(Zip)	7	Гable I -	Non-	Deriv	ative Se	ecurities	Acqui	ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of S (Instr. 3)	1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		Execution Date, if Code		le	(A) or Disposed of			of	5. Amount of Securities Beneficially Owned Fol Reported Transaction(s) (Instr. 3 and 4)		Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					С	ode	V	Amount	(A) or (D)	Price	Price			(I) (Instr. 4)	(IIIsti. 4)
Common	Stock		11/24/2017			P		80,000	A	\$ 0.09	13,895,8	331		D	
Common Stock		11/27/2017			P		33,000	A	\$ 0.09	13,928,8	331		D		
Common Stock		11/28/2017			P		81,500	A	\$ 0.11	14,010,8	331		D		
Common	Stock		11/29/2017			P		2,500	A	\$ 0.15	14,012,8	331		D	
Reminder:		separate line fo	11/29/2017  or each class of secu	ırities beneficial					A		14,012,8	331		D	
		separate line fo		rities beneficial		d direc	tly or Perso	ons wh	o respo	0.15 and to	the colle	ection of in uired to red OMB con	spond un	Siless	EC 1474 (9- 02)
Reminder:		separate line fo	or each class of secu Table II - I	Derivative Secu	ly owned	d direct	tly or Perso conta the fo	ons wh ained ir orm dis	o responding this for plays a	0.15	the colle e not req ently valid	ection of in uired to re d OMB cor	spond un	Siless	,
Reminder:	Report on a	separate line fo	or each class of secu Table II - I		ly owned	d direct	erso containe fo	ons wh ained ir orm dis	o responding this for plays aff, or Berible secu	ond to rm ar curre	the colle e not req ently valid	ection of in uired to re d OMB cor	spond un	S) less per.	,
Reminder: indirectly.	Report on a	3. Transaction	Table II - I  1 3A. Deemed Execution Day	Derivative Secu	rities Ac warrant 5. Nu	quire quire rative rities rired r ssed ) 3	tly or Persoconta the fo d, Dis ions, o 6. Da and E	ons whained ir orm dis sposed o	or responding the first of this for plays a figure for Beitheld for Be	ond to rm ar curre neficia rities) 7. T Am Und Seco	the colle e not req ently valid	ection of in uired to re d OMB cor	espond un ntrol numb	of 10. Owners: Form of y Derivati Security Direct () or Indire	11. Natur of Indirec Beneficia ve Ownersh (Instr. 4)

#### **Reporting Owners**

D (1 0 N / 1)	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	11/29/2017
**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.