FORM 4

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

OMB APPI	ROVAL					
OMB Number:	3235-0287					
Estimated average burden						
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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

i -	pe Kesponse															
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) 07/30/2018								r (give title belo		Other (specify	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 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						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if		f Code (Instr. 8)		ction	A. Securities Acquir (A) or Disposed of (D) (Instr. 3, 4 and 5)		uired of	5. Amour Beneficia	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form: Direct (D)	Beneficial Ownership		
					C	ode	V Amount (A) or (D) F		Price				or Indirect (I) (Instr. 4)	(Instr. 4)		
Common	Stock		07/30/2018				P		15,000		\$ 0.11	14,833,8	331		D	
indirectly.	Report on a	separate line fo	or each class of secu	irities bene	eficially	owned	[Perseconta	ons wh ained ii	n this fo	rm ar	e not req	ection of in uired to re d OMB cor	spond un	less	EC 1474 (9- 02)
			Table II - D										l			
Derivative Security	Security or Exercise (Month/Day/Year) any Code Derivative (Month/I		d Expiration Date onth/Day/Year) An Un Se		Amo Und Secu (Ins	itle and ount of derlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	Ownershi (Instr. 4) D)						
				Сс	ode V	(A)	(D)	Date Exer	cisable	Expiration Date	n Title	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	07/31/2018
**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.