FORM 4

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

OMB APPROVAL								
OMB Number:	3235-0287							
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nours per response	e 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 Type	Responses	3)															
Name and Address of Reporting Person * Maggiore Christopher D.			2. Issuer Name and Ticker or Trading Symbol Zivo Bioscience, Inc. [ZIVO]							nbol	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) 08/07/2019							Year)	Officer (give title below) Other (specify below)					
(Street) CANTON, OH 44718			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	<u> </u>	(State)	(Zip)			Tabl	le I -	Non-	-Deri	ivative S	ecurities	s Acqu	ired, Disp	osed of, or I	Beneficially (Owned	
(Instr. 3)		2. Transaction Date (Month/Day/Year)	any	tion Date, if	e, if (Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		of (D)			following (s)	Form:	7. Nature of Indirect Beneficial		
			(Month/Day/Year)		ear)	Cod	le	V	Amount	(A) or (D)	Price	(mstr. 3 a	nd 4)		\ /	Ownership (Instr. 4)	
Common S	Stock		08/07/2019				P			10,000	A	\$ 0.08	21,990,	420		D	
Common S	Stock		08/19/2019				P			35,000	A	\$ 0.12	22,025,4	420		D	
	1	•	Table II - J	Derivati	ve Secu	rities	s Acq	F c t	Personta he fo	ons who ained in orm dis	respo this fo plays a f, or Be	rm ar curre	e not requently valid		ormation spond unle trol numbe	ss	1474 (9-02)
(Instr. 3) Pr		3. Transactio Date (Month/Day/	n 3A. Deemed Execution Da	te, if Co	ansactio	5. Non Of Do See Ad (A Di of (In	umbe	rive ies ed ed s, 5)	6. Da and I (Mor		isable n Date	7. T Am Und Sec (Ins 4)	Amount or Number of		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Beneficia Ownersh (Instr. 4)
				C	ode	V (A	A) (D)					Shares				

Reporting Owners

	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	08/22/2019	
**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.