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 Ty	pe Kesponse	s)																
1. 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) 11/11/2019							-	Officer	(give title belo	ow)	Other (specify	below)		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)								X_Form file	ed by One Repo	Group Filingorting Person One Reporting	• •	ble Line)			
(City	N, OH 447	(State)	(Zip)															
		(2)				Tal	1						_	uired, Disposed of, or Beneficially Owned				
(Instr. 3)		2. Transaction Date (Month/Day/Year)	any	Deemed ution Date, if th/Day/Year)		Code (Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)			of (E	(D) Beneficially Reported Tra		of Securities y Owned Following Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				(Mont	ui/Day/ i	cai)	Со	de	V	Amoun	(A) or (D)	Pric						
Common	Stock		11/11/2019				F)		5,000	A	\$ 0.0	8	22,324,0)20		D	
Common	Stock		11/13/2019				F)		40,000	A	\$ 0.0	8	22,364,0)20		D	
Reminder:	Report on a s	separate line fo	or each class of secur	ities be	eneficiall	v ow	ned d	irectl	v or i	ndirectly	/.							
	1	1						Ţ	- Pers conta	ons wh ained ir	o respo	orm a	are i	not requ		ormation spond unle trol numbe	ss	1474 (9-02
			Table II - 1		tive Secu			quire	d, Di	sposed o	of, or Be	nefici	ially					
Derivative Conversion Date Exec Security or Exercise (Month/Day/Year) any		n 3A. Deemed Execution Da	te, if	4. Transacti Code	ransaction Number of		er ative ties red sed 3,	and Expiration Date (Month/Day/Year) Ar Ur Se		Titl mou nder ecur	tle and unt of orlying rities : 3 and	Derivative De Security (Instr. 5) Be Or Fo	Securities Beneficially Owned Following Reported	Owners Form o Derivat Security Direct (or Indir	f Benefic Owner (Instr. o			
					Code	V	(A)	(D)	Date Exer		Expiration Date	on Ti	itle	Amount or Number of 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	11/13/2019
**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.