#### Edgar Filing: Manns Justin - Form 4

Manns Just Form 4													
May 03, 20	ЛЛ								OMB AP	PROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287			
Check t if no lo	this box nger CTTATTE								Expires:	January 31, 2005			
subject to Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per response 0.				
Form 5 obligati may co <i>See</i> Inst 1(b).	ntinue. Fried pu	(a) of the l	Public I	Utility Ho	the Securitie Iding Comp nt Company	any A	Act of 19	ct of 1934, 35 or Section	·				
(Print or Type	e Responses)												
1. Name and Address of Reporting Person <u>*</u> Manns Justin			2. issuer raine una riener or riading					5. Relationship of Reporting Person(s) to ssuer					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(Check all applicable)					
C/O GROWLIFE 20301 VENTURA BLVD #126			(Month/Day/Year) 08/08/2012					X Director 10% Owner X Officer (give title Other (specify below) below) CFO					
(Street)			Filed(Month/Day/Year) Ap				Individual or Joint/Group Filing(Check oplicable Line) (_ Form filed by One Reporting Person _ Form filed by More than One Reporting						
WOODLA	ND HILLS, CA 9	91364					Per	Form filed by Mc	ore than One Rep	orting			
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivative Se	curiti	es Acquire	ed, Disposed of,	or Beneficially	y Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	on Date 2A. Deemed 3. /Year) Execution Date, if Transa any Code (Month/Day/Year) (Instr.		Transactio Code				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
G				Code V	Amount	(D)	Price	(Instr. 3 and 4)					
Common Stock	08/08/2012			А	1,333,333	А	\$0	9,036,538	D				
Common Stock	12/31/2012			А	2,000,000	А	\$0	11,036,538	D				
Common Stock	03/31/2013			А	2,000,000	А	\$0	13,036,538	D				
Common Stock	04/19/2013			Р	4,200	А	\$ 0.0425	13,040,738	D				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	Title	0ľ Number		
						Exercisable	Date	Thie	Number of		
				Code V	$(\Lambda)$ (D)				Shares		
				Coue v	(A) (D)				Shares		

### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Manns Justin C/O GROWLIFE 20301 VENTURA BLVD #126 WOODLAND HILLS, CA 91364	Х		CFO			
Cianaturaa						

# Signatures

/s/ Justin Manns 05/03/2013 <u>\*\*</u>Signature of Date Reporting Person

# **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.