

(Print or Type Responses)

1. Name and Address of Reporting

### UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL				
OMB	3235-			
Number:	0104			
Estimated average	ge			
burden hours pei	r			
response	0.5			

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Person * BINDER JEFFREY I	,	ent n/Day/Year /2015	ar) CLS Holdings USA, Inc. [CLSH]					
(Last) (First) (Middle 11767 S DIXIE HWY, STE 11:	)	/2013		Person(s) to I	4. Relationship of Reporting Person(s) to Issuer		Filed(Month/Day/Year)	
(Street) MIAMI, FL 33156				X Director X Officer (gi title below)	all applicable) X10% O  veOther (s below)  President and O	Filing(C _X_Form	vidual or Joint/Group Check Applicable Line) In filed by One Reporting Person Ifiled by More than One Reporting	
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)		Ben		nt of Securities Ily Owned		Ownership	direct Beneficial	
Common Stock		5,0	5,000,000		D			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 1473 (7-02)  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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year)		cisable on Date	3. Tit Secur	tle and Amount of rities Underlying vative Security	4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Numb of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
BINDER JEFFREY I					
11767 S DIXIE HWY	X	X	Chairman, President and CEO		
STE 115	Λ		Chairman, i resident and CEO		
MIAMI, FL 33156					

## **Signatures**

/s/ Jeffrey I. Binder	12/29/2015
Signature of Reporting Person	Date

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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.