FORM 4

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

OMB APPROVAL
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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

Name and Address of Reporting Person * SWANSON TODD V				2. Issuer Name and Ticker or Trading Symbol CLS Holdings USA, Inc. [CLSH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 10120 WEST FLAMINGO RD, SUITE 4333				3. Date of Earliest Transaction (Month/Day/Year) 12/24/2020						Officer (give title below) Other (specify below)					
(Street) LAS VEGAS, NV 89147				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City	7)	(State)	(Zip)	Table I - Non-Derivative Securities Acqui					ired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	Security	D	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Datany		(Instr. 8)		(A) or Disposed of (D (Instr. 3, 4 and 5)		of (D)	D) Beneficially Owned Following Reported Transaction(s)		ollowing	Ownership Form:	Beneficial
				(Month/Day/Yea		Code	V	Amour	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		12/24/2020			S		62,16	5 D	\$ 0.17	13,383,8	892		I	See footnote
				Derivative Sec			the t	form dis	splays a of, or Ber	curre reficial	ntly valid	OMB con	spond unle trol numbe		
Security		e of vative	Oay/Year) 3A. Deemed Execution Dar	4. Transaction Code Year) (Instr. 8)		5.	and Expiration Date (Month/Day/Year)		7. T Ame Und Secu	fitle and ount of derlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivati Security Direct (1) or Indire	Beneficia Ownersh (Instr. 4)	
							Date	e rcisable	Expiratio Date	n Title	Amount or Number of				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
SWANSON TODD V 10120 WEST FLAMINGO RD SUITE 4333 LAS VEGAS, NV 89147		X				

Signatures

/s/ Todd V. Swanson	12/28/2020
**Signature of Reporting Person	Date
/s/ ILJ, LLC by /s/ Todd V. Swanson, Manager	12/28/2020

**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).
- (1) ILJ, LLC, a Nevada limited liability company of which the Reporting Person is the sole manager and member.

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.