

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

OMB APPROVAL					
OMB Number:	3235-0104				
Estimated average burden					
nours per response 0.5					

#### INITIAL STATEMENT OF 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 Respon	ises)											
1. Name and Address of Reporting Person * Ellins Craig  2. Date of Event Statement (Mon 03/03/2020)		nt (Month/I			3. Issuer Name and Ticker or Trading Symbol One World Pharma, Inc. [OWPC]							
6500 BULLRING	(First) G LANE	(Middle)	- 03/03/2020			Issuer	Issuer (Check all applicable)  _X_ Director			5. If Amendment, Date Original Filed(Month/Day/Year)		
LAS VEGAS., N	(Street) V 89130					X Director X Officer (giv below)				6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person Form filed by More than One Reporting Person		
Erio VEGIO,, IV	. 00100						CEO and CFO			Form fried by whole than One Reporting Person		
(City)	(State)	(Zip)		Table I - Non-Derivative Securities Beneficially Owned						wned		
1.Title of Security (Instr. 4)	•				Fe (I	Ownership orm: Direct O) or Indirect Onstr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Common Stock			3	3,745,000			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 (Instr. 4)	Security	an	2. Date Exercisable and Expiration Date Month/Day/Year)				tive	Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			ate cercisable	Expiration Date	Title   ^	mount or Number of hares		Security	(I)	(D) or Indirect (I) (Instr. 5)		

### **Reporting Owners**

Panarting Owner Name /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Ellins Craig 6500 BULLRING LANE LAS VEGAS,, NV 89130	X		CEO and CFO				

# **Signatures**

/s/ Craig Ellins	03/04/2020
***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.