## Edgar Filing: GROWLIFE, INC. - Form 4

Form 4											
April 01, 20									OMB A	PPROVAL	
	UNITED	) STATES			AND EXC , D.C. 205		IGE C	OMMISSION	OMB Number:	3235-0287	
Check t if no lor subject Section Form 4	F CHAN	IGES IN SECUI	BENEFI RITIES	CIAI	NERSHIP OF	Expires: Estimated burden ho response.	urs per				
Form 5 obligation may con <i>See</i> Inst 1(b).	ons ntinue. Section 17	(a) of the	Public U	tility Hol		pany	Act of	e Act of 1934, 1935 or Sectio 0	'n		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> CIABATTONI ANTHONY J			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	GROWLIFE, INC. [PHOT] 3. Date of Earliest Transaction					(Chec	ck all applicable)		
20301 VENTURA BLVD., SUITE 126			(Month/Day/Year) 03/31/2014					X_ Director 10% Owner Officer (give titleOther (specify below)Other (specify			
			4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
WOODLA	ND HILLS, CA	91364						Form filed by M Person	More than One F	Reporting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative S	ecurit	ies Acq	uired, Disposed o	f, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Transaction Date 2A. Deen Ionth/Day/Year) Execution any (Month/D		Date, if Transactic Code		4. Securities Acquired actior(A) or Disposed of (D) (Instr. 3, 4 and 5) 8)			6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common	03/31/2014			A	500,000	A	\$ 0.02	572,222	Ι	Ciabattoni Living Trust DTD 8/17/00 as Trustee	

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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
CIABATTONI ANTHONY J 20301 VENTURA BLVD., SUITE 126 WOODLAND HILLS, CA 91364		Х						
Signatures								
/s/ Anthony Ciabattoni	04/01/2014							
<u>**</u> 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.