THERAPEUTIC SOLUTIONS INTERNATIONAL, INC. Form SC 13G

July 08, 2016

#### **UNITED STATES**

#### SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

#### **SCHEDULE 13G**

**Under the Securities and Exchange Act of 1934** 

### THERAPEUTIC SOLUTIONS INTERNATIONAL, INC.

(Name of Issuer)

## **Common Stock**

(Title of Class of Securities)

#### 883378101

(CUSIP Number)

#### **December 11, 2014**

(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this is filed:

- . Rule 13d-1(b)
- X . Rule 13d-1(c)
  - . Rule 13d-1(d)

\*The remainder of this cover page shall be filled out for a reporting person s initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be filed for the purpose of Section 18 of the Securities Exchange Act of 1934 ( Act ) or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

Page 1 of 4 pages

	CUSIP NO. 8833	378101	Page 2 of 4 Pages
1	NAMES OF REPORTIN	G PER	SONS
	I.R.S. IDENTIFICATION	N NO. (	OF ABOVE PERSONS (entities only)
	ROBERT F. GRAHAM		
2	CHECK THE APPROPE	RIATE 1	BOX IF A MEMBER OF A GROUP
	(a) .		
	<b>(b)</b> .		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLAC	CE OF	ORGANIZATION
	USA		
		5	SOLE VOTING POWER
			400 700 000
	NUMBER OF		102,500,000
	SHARES	6	SHARED VOTING POWER
	BENEFICIALLY		
	OWNED BY		0
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		
	PERSON		102,500,000
	WITH	8	SHARED DISPOSITIVE POWER

9	${\color{blue} \mathbf{AGGREGATE\ AMOUNT\ BENEFICIALLY\ OWNED\ BY\ EACH\ REPORTING\ PERSON}}$
10	102,500,000  CHECK IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES .
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9
12	15.2%  TYPE OF REPORTING PERSON
	IN
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CUSIP NO. 883378101

Item 1(a)
The name of the issuer is: THERAPEUTIC SOLUTIONS INTERNATIONAL, INC.
Item 1(b)
The address of the Issuer's principal executive offices is:
4093 OCEANSIDE BLVD., OCEANSIDE, CA 92056
Item 2(a)
The name of reporting person is: ROBERT F. GRAHAM
Item 2(b)
The residence address of the Reporting Person is: 338 WINDJAMMER CIRCLE, CHULA VISTA, CA 91910
Item 2(c)
The citizenship of the reporting Person is: USA
Item 2(d)

The title of the class of securities is: COMMON STOCK, PAR VALUE \$0.0001 PER SHARE
Item 2(e)
The CUSIP Number of the securities is: 883378101
Item 3
This statement is not filed pursuant to §§240.13d-1(b) or 240.13d-2(b) or (c).
Item 4
Ownership:
The Reporting Person s is the beneficial owner of <b>102,500,000</b> representing <b>15.2%</b> of the class of securities.
The Reporting Person has:
(i)
sole power to vote or to direct the vote of: 102,500,000 shares
(ii)
shared power to vote or to direct the vote of: <b>0</b> shares
(iii)
sole power to dispose or to direct the disposition of: 102,500,000 shares
(iv)

shared power to dispose or to direct the disposition of: **0 shares** 

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Item 5
Ownership of Five Percent or Less of Class: N/A
Item 6
Ownership of More than Five Percent on Behalf of another Person: N/A
Item 7
Identification and Classification of the Subsidiary which Acquired the Security Being Reported on By the Paren Holding Company: N/A
Item 8
Identification and Classification of Members of the Group: N/A
Item 9
Notice of Dissolution of Group: N/A
Item 10
Certification:

By signing below, I certify that, to the best of my knowledge and belief, the securities referred to above were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

#### **SIGNATURE**

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

5/9/2016 Date

/s/ ROBERT F. GRAHAM Signature

ROBERT F. GRAHAM Name

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