

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)
- 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).

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CUSIP NO. 883378101

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**1 NAMES OF REPORTING PERSONS**

**I.R.S. IDENTIFICATION NO. OF ABOVE PERSONS (entities only)**

ROBERT F. GRAHAM

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP**

(a) .

(b) .

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

USA

**5 SOLE VOTING POWER**

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**

0

9 **AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

102,500,000

10 **CHECK IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES**

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11 **PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9**

15.2%

12 **TYPE OF REPORTING PERSON**

IN

2

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**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 is the beneficial owner of **102,500,000** representing **15.2%** 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: **0 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 Parent 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