FORM 72-503F REPORT OF DISTRIBUTIONS OUTSIDE CANADA

1. <u>Full name, address and telephone number of the Issuer.</u>

a) Full name of issu	uer		
Grown Rogue International	Inc. / Grown Rogue International Inc.		
b) Head office add	ress		
Street address	550 Airport Rd.	Province/State	Oregon
Municipality	Medford	Postal code/Zip code	97504
Country	United States of America	Telephone number	1 (503) 765-8108

c) Full legal name(s) of co-issuer(s) (if applicable)

2. <u>Type of security, the aggregate number or amount distributed and the aggregate purchase</u> price.

Types of security distributed

Provide the following information for all distributions of securities relying on an exemption from section 2.3 or 2.4 of the Rule on a per security basis. Refer to the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

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Convertible / exchangeable security code		Number of securities	Single or lowest price	Highest price	Total amount
CVD		3.0000	\$0.2400	\$0.2400	\$1,351,800.0000

Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

Security code	Underlying security		e price dian \$)	Expiry date (YYYY-MM-DD)	Conversion ratio	Describe other terms (if applicable)
coue	code	Lowest	Highest			applicable)
WNT	CMS	\$0.2800	\$0.2800	2026-08-17		Subject to acceleration in th e event that the Shares clos e at or above C\$0.40 per sh are on the Canadian Securiti es Exchange for ten consec utive trading days (the "Acce leration Event"). The Warran t Expiry Date shall accelerat e to 90 days following notic

CVDCMS\$0.2400\$0.24002027-08-17e of an Acceleration Event. The Debentures will bear int erest at a rate equal to 9% p er annum, payable in Unite d States currency on the las t business day of the month following the end of each ca lendar quarter and are conv ertible as set forth below int o common shares of the Iss uer. Debentureholders will be entitled, at their option, t o convert, at any time on or prior to the Maturity Date, t he outstanding principal am ount and accrued interest in to common shares at a pric e per common share equal t o C\$0.24.				1			
CVDCMS\$0.2400\$0.24002027-08-17erest at a rate equal to 9% p er annum, payable in Unite d States currency on the las t business day of the month following the end of each ca lendar quarter and are conv ertible as set forth below int o common shares of the Iss uer. Debentureholders will be entitled, at their option, t o convert, at any time on or prior to the Maturity Date, t he outstanding principal am ount and accrued interest in to common shares at a pric e per common share equal t	ΙL						e of an Acceleration Event.
		CVD	CMS	\$0.2400	\$0.2400	2027-08-17	The Debentures will bear int erest at a rate equal to 9% p er annum, payable in Unite d States currency on the las t business day of the month following the end of each ca lendar quarter and are conv ertible as set forth below int o common shares of the Iss uer. Debentureholders will be entitled, at their option, t o convert, at any time on or prior to the Maturity Date, t he outstanding principal am ount and accrued interest in to common shares at a pric e per common share equal t

3. <u>Date of distribution(s).</u>

Distribution date
State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distribued on a continuous basis, include the start and end dates for the distribution period covered by the report.
Start date 2023 08 17 End date 2023 08 17 YYYY MM DD YYYY MM DD

4. <u>State the name and address of any person acting as dealer or underwriter (including an</u> <u>underwriter that is acting as agent) in connection with the distribution(s) of the securities.</u>

Dealer or underwriter information		
Full legal name]
Street address]
Municipality	Province/State]
Country	Postal code/Zip code]
Telephone number	Website	(if applicable)

5. <u>Certification</u>

Certification

Provide the following certification and business contact information of an officer, director or agent of the issuer. If the issuer is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may be delegated, but only to an agent that has been authorized by an officer or director of the issuer to prepare and certify the report on behalf of the issuer. If the report is being certified by an agent on behalf of the issuer, provide the applicable information for the agent in the boxes below.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

Securities legislation requires an issuer that makes a distribution of securities under certain prospectus exemptions to file a completed report of exempt distribution.

By completing the information below, I certify, on behalf of the issuer/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

Name of Issuer/ investment				
fund manager/agent	Grown Rogue International Inc.			
		1	,	
Full legal name	STRICKLER	Jesse	Obadiah	
	Family name	First given name	Secondary given names	
Title	Chief Executive Officer			
Telephone number	+1 (458) 226-2100	Email address obi	ie@grownrogue.com	
Signature	Jesse Strickler	Date 20	023 08 21	
		Y	YYY MM DD	