FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/10
vvasiiiigtori,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours por rosponso:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

l	1. Name and Address of Reporting Person* <u>Principi Anthony</u>															5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	ast) (First) (Middle) O HARROW HEALTH, INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/28/2020									Officer below)	Officer (give title below)		Other (s below)	specify		
102 WO	4. 1	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable										
(Street) NASHV	Street) NASHVILLE TN 37205														Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	state)	(Zip)																		
		Tab	le I - Non	-Deriv	vativ	e Se	curit	ties Ac	quired,	Disp	osed c	of, or l	Ben	eficiall	y Owned	I					
1. Title of Security (Instr. 3)			2. Tran Date (Month		- 1	2A. Deemed Execution Date, if any (Month/Day/Year)		e, Transaction Dispose Code (Instr. 5)						Benefici	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										v	Amount	(A) or (D)		Price	Transact (Instr. 3	tion(s)			(Instr. 4)		
СОММС	COMMON STOCK 09/						3/2020				93,79	98	8 A		93	93,798		D			
			Table II - [)						uired, D s, option						Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	oate,		Transaction Code (Instr.		lumber ivative urities juired or posed D) (Instr. and 5)	6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		s Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	s S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		expiration Pate	Title		Amount or Number of Shares							
RSU ⁽¹⁾⁽²⁾	\$0	09/28/2020			M			17,006	(1)(2)		(1)(2)	Comm		17,006	\$0	17,000	6	D			
RSU ⁽¹⁾⁽²⁾	\$0	09/28/2020			M			9,715	(1)(2)		(1)(2)	Comm		9,715	\$0	26,72	1	D			
RSU ⁽¹⁾⁽²⁾	\$0	09/28/2020			M			34,091	(1)(2)		(1)(2)	Comm		34,091	\$0	60,812	2	D			
RSU ⁽¹⁾⁽²⁾	\$0	09/28/2020			M			15,723	(1)(2)		(1)(2)	Comm		15,723	\$0	76,53	5	D			
RSU ⁽¹⁾⁽²⁾	\$0	09/28/2020			M			12,690	(1)(2)		(1)(2)	Comm		12,690	\$0	89,225	5	D			

Explanation of Responses:

\$0

RSU⁽¹⁾⁽²⁾

1. The Reporting Person was awarded Restricted Stock Units for his service as director of the Company that vested quarterly in equal installments over a one-year periods following the date of grant. The shares underlying such Restricted Stock Units were deferred to the Reporting Person until his resignation from the Company's board of directors.

(1)(2)

(1)(2)

2. The Restricted Stock Units were received as a compensatory award for no consideration.

09/28/2020

/s/ Anthony Principi

Stock Commo

09/30/2020

93,798

D

** Signature of Reporting Person

4,573

Date

\$<mark>0</mark>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

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Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

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