FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject					
to Section 16. Form 4 or Form 5					
obligations may continue. See					
Instruction 1(h)					

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Opaleye Management Inc.					2. Issuer Name <b>and</b> Ticker or Trading Symbol HARROW HEALTH, INC. [ HROW ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director X 10% Owner							
(Last) ONE BO	(Fir	st) (t	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/19/2020							Officer (give title Other (specify below) below)							
(Street) BOSTON MA 02108  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
Table I - Non-Derivat  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea				n :	2A. Deemed Execution Date, ar) if any		3. Transaction Code (Instr.		4. Securitie Disposed C	ed (A) or	5. Amount of Securities Beneficially		6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial				
			(Month/Day/		8) Code	v	Amount	(A) or (D)	Price	⊢ R	Owned Following Reported Transaction(s) (Instr. 3 and 4)		Indirect (I) (Instr. 4)		Ownership (Instr. 4)				
Common Stock, par value \$0.0001 per share 06/19/202				20	)		P		35,000	A	\$5.5829	9(1)	2,585,000		I		By Opaleye, L.P. <sup>(2)</sup>		
Common Stock, par value \$0.0001 per share													125,000		I		By Managed Account <sup>(3)</sup>		
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)	3A. Deemed Execution Date, if any (Month/Day/Year)		ransaction of ode (Instr. Derivativ			piration	kercisable an 1 Date ay/Year)	Amo Seci Und Deri Seci	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ice of vative irity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)		
Evalenation				Code	e V	(A) (D	Da D) Ex	te ercisab	Expiration Date Title Shar										

- 1. The common stock was purchased by the reporting person in open market transactions on the transaction date, with a volume weighted average purchase price of \$5.58293. The range of purchase prices on the transaction date was \$5.49 to \$5.70 per share. The reporting person undertakes to provide, upon request by the SEC staff, the issuer, or a security holder of the issuer, full information regarding the number of shares purchased at each price.
- 2. Represents securities owned directly by Opaleye, L.P. (the "Fund"). As the investment manager of the Fund, Opaleye Management Inc. may be deemed to beneficially own the securities owned directly by the Fund.
- 3. Securities owned by a separately managed account (the "Managed Account"). As the portfolio manager of the Managed Account, Opaleye may be deemed to beneficially own the securities owned directly by the Managed Account.

Opaleye Management Inc.,

By: /s/ James Silverman,

06/23/2020

**President** 

\*\* Signature of Reporting Person Date

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).

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.