FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|
| | | | |

| STATEMENT | OF CHANGES I | N BENEFICIAL | OWNERSHIP |
|-----------|--------------|--------------|------------------|
| | | | |

| OMB APPROVAL | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | | |
| hours per response: 0. | | | | | | | | | |

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

| 1. Name and Address of Reporting Person* <u>Sparks Teresa</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol HARROW HEALTH, INC. [HROW] | | | | | | | | | ationship o k all applio Directo | cable) | g Pers | son(s) to Iss 10% Ov | | |
|--|-----|-----------------------|-------------------|-------------------------------|--|---|-----------------|-----|--|-----------------------------------|--------------------|---|---|--|--|---|-------------------------|--|--|
| (Last) | ` | irst) BLVD., SUITE | (Middle) 610 | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2020 | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | |
| (Street) NASHV | | itate) | 37205 (Zip) | -Deriv | 4. If Amendment, Date of Original Filed (Month/Day/Year) rivative Securities Acquired, Disposed of, or Benefi | | | | | | | ine) X | Form filed by More than One Reporting Person | | | | n | | |
| Date | | | | 2. Transa Date (Month/D | Execution Date, | | Code (Instr. 5) | | ties Acquire I Of (D) (Ins | juired (A) or (Instr. 3, 4 and | | 5. Amour Securitie Beneficia Owned F Reported | s ally following | Form ly (D) o | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | ٧ | Amount | (A) or (D) Price | | :е | Transaction(s) (Instr. 3 and 4) | | | | | | |
| | | • | Table II - I (| | | | | | uired, D s, option | | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) | | | | ate, T | ransa ode (I | | | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | | 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | [| B. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | c | ode | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amou or Numb of Share | er | | | | | |
| RSU ⁽¹⁾⁽²⁾ | \$0 | 03/16/2020 | | | Α | | 10,000 | | 03/16/202 | 0 0 | 3/16/2021 | Common Stock | 10,0 | 00 | \$0 | 10,000 | 0 | D | |

Explanation of Responses:

- 1. Award of Restricted Stock Units vests in full on the one-year anniversary from the date of grant. The shares underlying such Restricted Stock Units will not be delivered to the Reporting Person and may not be transferred or sold until the termination of service.
- 2. The Restricted Stock Units were received as a compensatory award for no consideration.

/s/ Andrew R. Boll as Attorney in Fact for Teresa F. Sparks

03/18/2020

** 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.