FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| vvasiliigion, | D.C. | 20040 |

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

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

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* BAUM MARK L | | | | 2. Issuer Name and Ticker or Trading Symbol HARROW HEALTH, INC. [HROW] | | | | | | | | | | ck all applica | able) | Reporting Person(s) to Issuer ble) 10% Owner | | | | |
|--|--|--|---|--|---|-----|-------------|--|-----------------|-------------------|---------------------|-------|-----------------|---|--|--|--|---|--------|--|
| (Last) (First) (Middle) C/O HARROW HEALTH, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/25/2021 | | | | | | | | | X | below) | give title | Other (spe below) cutive Officer | | pecify | |
| 102 WOODMONT BLVD, SUITE 610 | | | | | | | | | | | | | | | | | | | | |
| (Street) NASHVILLE TN 37205 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | | | | | 1 | | |
| (City) | (S | state) | (Zip) | | Person | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Transad Date (Month/Da | Execution Dat | | cution Date | Code (Ins | | | | |) or 4 and 5 | 5. Amoun Securities Beneficia Owned Fo | s lly ollowing | Form (D) or | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | - - | Code | V | Amount (A) or (D) | | or | Price | Transaction(s) (Instr. 3 and 4) | | | | (11130.4) | | |
| Common Stock ⁽¹⁾ | | | | 02/25/ | 5/2021 | | | M | | 200,000 A | | (1) | 837,676 | | | D | | | | |
| | 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/Yea | Cod | nsaction e (Instr. | | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | | of Securities | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported | e s ally | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| Coo | | | | | e V | (A) | (D) | Dat Exe | te ercisable | | xpiration ate | Title | or Nur | ount nber Shares | er er | | Transaction(s) (Instr. 4) | | | |
| Restricted Stock Unit ⁽¹⁾ | \$0 | 02/25/2021 | | М | | | 200,000 | | (1) | | (1) Common Stock | | 20 | 0,000 | \$0 | 850,000 | | D | | |

Explanation of Responses:

1. Represents performance-based restricted stock units ("RSUs") granted to Mr. Baum under the Issuer's 2007 Stock Incentive and Awards Plan on April 25, 2016. The RSUs settle in one share of common stock for each RSU and provide for accelerated vesting based on pre-determined stock price-based performance targets during the term of the RSUs.

/s/ Mark L. Baum

** 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.