FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF	CHANGES	IN BENEF	ICIAL	OWNERSHIP

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

Name and Address of Reporting Person* SAHAREK JOHN P.				2. Issuer Name and Ticker or Trading Symbol HARROW HEALTH, INC. [HROW]							ck all applica Director	able)	g Pers	on(s) to Issue	ner			
(Last)	,	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/03/2023						X	below)	give title ef Comm	nercia	Other (specification) 1 Officer	ресіту		
102 WOODMONT BLVD, SUITE 610					4. If Amendment, Date of Original Filed (Month/Day/Year)					Line)	·							
(Street) NASHV	ILLE 7	'N	37205							X	X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(State)	(Zip)		Rule 10b5-1(c) Transaction Indication													
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										satisfy							
		Та	ble I - Non	-Deriva	tive Se	ecuritie	s Ac	quired,	Dis	posed c	of, or E	ene	ficially	Owned				
Date			2. Transac Date (Month/Da	Execution Date		, Transaction I Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		A) or 3, 4 and 5)	4 and 5) Securities Beneficia Owned Fo		s Form: (D) or ollowing (I) (Ins		'. Nature of ndirect Beneficial Ownership			
						Code	v	Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)		(Ir		Instr. 4)		
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)	erivative Conversion Date Execution Date, Trecurity or Exercise (Month/Day/Year) if any		Cod	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Cod	e V	(A)	(D)	Date Exercisable		xpiration ate	Title	or Nu	nount ımber Shares		(Instr. 4)	G11(9)		
Restricted Stock Unit	(1)	04/03/2023		A		277,200		(1)	0	4/03/2028	Commo	n 27	77,200	\$0	277,20	00	D	

Explanation of Responses:

1. Represents performance-based restricted stock units ("PSUs") granted under the Issuer's 2017 Stock Incentive and Awards Plan, as amended (the "Plan"). Each PSU represents a contingent right to receive one share of common stock of the Issuer upon vesting. The vesting of the PSUs (granted in lieu of service only stock option and restricted stock unit awards) require (i) a minimum of a two-year service period, and (ii) the achievement and maintenance of Harrow common stock price targets of \$25 (causing the vesting of 39,600 PSU shares), \$36 (causing the vesting of 59,400 PSU shares), \$45 (causing the vesting of 99,000 PSU shares).

/s/ John P. Saharek

04/04/2023

** 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.