SEC Foi	rm 4 FORM	4 l	JNITEI) STA	TES	SE	CUR	ITIE	ES AND) E	ХСНА	NGE	со	MM	ISSION	J			
						Washington, D.C. 20549											OMB APPROVAL		
Sectio obligat	this box if no I n 16. Form 4 o tions may conti ction 1(b).		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940												Estin	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
1. Name and Address of Reporting Person* <u>Makary Martin A.</u>											<u>LTH, INC.</u> [HRO			(Ch	ieck all appl X Direct	k all applicable) Director		orting Person(s) to Is 10% O	
(Last)	(Last) (First) (N			(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/21/2023										Officer (give title below)		e Other (s below)	
C/O HARROW HEALTH, INC. 102 WOODMONT BLVD. SUITE 610			610		4. lf #	Amen	dment,	Date	of Original I	of Original Filed (Month/Day/Year)			Line	6. Individual or Joint/Group Filing (Check Applicabl Line) X Form filed by One Reporting Person Form filed by More than One Reporting				son	
(Street) NASHVILLE TN 37205					Form filed by M Person									ore tha	in One Rep	orting			
(City)				Rule 10b5-1(c) Transaction Indication															
(City) (State) (Zip)					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.														
		Tabl	e I - Noi	n-Deriva	ative	Secu	urities	s Ac	quired, I	Dis	posed	of, or B	ene	ficia	lly Owne	ed			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		Exe if a	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (In	Transaction Code (Instr.		4. Securities Acquire Disposed Of (D) (Ins 5)			d Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	it (A) or (D) F		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
		Та							uired, Di s, options						y Owned		_		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		1. Fransaction Code (Instr. 3)		of I		Expiration I	5. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s dly g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownershi t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration	Title	or Nu of	nount mber ares					

Explanation of Responses:

\$<mark>0</mark>

RSU⁽¹⁾

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

06/21/2023

2. Award of Restricted Stock Units vests quarterly in equal installments over a one-year period following 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)

<u>/s/ Andrew R. Boll Attorney in</u> Eact for Martin A. Makary	00/22/2022		
Fact for Martin A. Makary	06/23/2023		

\$<mark>0</mark>

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** Signature of Reporting Person Date

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Common Stock

(2)

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.