FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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* Makary Martin A.						2. Issuer Name and Ticker or Trading Symbol HARROW HEALTH, INC. [HROW]									tionship all app Direc	,	ng Per	son(s) to Is 10% Ov	ner
(Last)	(Fi	rst) (M	∕liddle)			3. Date of Earliest Transaction (Month/Day/Year) 08/14/2023									Office	er (give title v)		Other (s below)	pecify
C/O HARROW HEALTH, INC. 102 WOODMONT BLVD, SUITE 610					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Indiv	ridual or	r Joint/Group	p Filin	g (Check A	pplicable
														X	Form	filed by One	e Repo	orting Perso	on
(Street) NASHVILLE TN 37205														Form Perso	filed by Mo	re thar	n One Repo	orting	
					Rule 10b5-1(c) Transaction Indication														
(City)	(St	ate) (Z	Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is is satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								n that is inter	nded to					
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quired	l, Dis	posed of	, or B	Benefici	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				/Year) Execu		eemed ution Date, th/Day/Year)		3. Transaction Code (Instr. 8)			Acquir f (D) (In:	red (A) or str. 3, 4 an	and 5) Securi Benefi Owned		ties cially I Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transaction((Instr. 3 and		ction(s)			(Instr. 4)
Common Stock 08/14/20					023				P		20,000	A	\$16.9	2 ⁽¹⁾	45,000			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)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any		ition Date,	4. Transaction Code (Instr. 8)		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)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$16.60 to \$17.23, inclusive. The reporting person undertakes to provide to Harrow Health, Inc. ("Harrow"), any security holder of Harrow, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

/s/ Andrew R. Boll Attorney in Fact for Martin A. Makary

08/15/2023

** 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.