FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DC	205/10	
vasiiiiiqtoii,	D.C.	20549	

<b>STATEMENT</b>	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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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 $^{\star}$ BAUM MARK L				2. Issuer Name and Ticker or Trading Symbol HARROW HEALTH, INC. [ HROW ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
BAOW MARK L													X	Director			10% Ow	ner	
(Last)	(Fir	st) (	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/18/2023							X	below)	give title		Other (sp below)	pecify		
C/O HARROW HEALTH, INC.													Ch	Chief Executive Officer					
102 WOODMONT BLVD, SUITE 610				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														X	Form file	ed by One	Repo	rting Person	
NASHVII	LLE TN	1 3	37205											Form filed by More than One Reporting Person				ing	
(City)	(Sta	ate) (	Zip)		Ru	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.													
		Tab	le I - No	n-Deriv	ative	Sec	curit	ties Ac	quired,	Dis	posed o	f, or l	Bene	ficially	Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution if any			3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 8)				Beneficia Owned F	s illy ollowing	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 07/18				2023			М		762,300 A		A	(1)	(1) 2,30		09,629				
Common Stock 07/18/			/2023				F		299,968	99,968 <sup>(1)</sup> D \$18.23 2,009,661		9,661		D					
		7	Table II -								osed of, convertil				Owned				
Derivative Security Conversion Date Exec Security or Exercise (Month/Day/Year) if any		3A. Deem Execution if any (Month/Da	n Date, Transac Code (Ir					6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Expir Exercisable Date		Expiration Date	Title	OI N	mount r umber f Shares		(Instr. 4)			
Performance Stock Unit	(1)	07/18/2023			M			762,300	(1)		(1)	Comm		62,300	\$0	0		D	

## **Explanation of Responses:**

1. The 762,300 shares of Harrow Health, Inc. ("Harrow") common stock listed in Table I as "Acquired" represent shares issued based on vesting of performance stock units ("PSUs") granted to Mr. Baum under Harrow's 2017 Stock Incentive and Awards Plan (the "Incentive Plan") on July 23, 2021. The PSUs were settled in full (on a one-for-one basis) on July 18, 2023, following attainment of total stockholder return targets ranging from 50% - 175 % following the date of the award. The 299,968 shares of Harrow common stock listed in Table I as "Disposed" were not sold by Mr. Baum in any transaction; rather, they were shares of Harrow common stock withheld by the Company for payroll tax purposes from the same aforementioned 762,300 shares pursuant to the terms of the Incentive Plan.

07/20/2023 /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.