FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
1	Estimated average burden										

0.5

hours per response:

Check this box in 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*  Kammer Robert J					2. Issuer Name and Ticker or Trading Symbol HARROW HEALTH, INC. [ HROW ]											olicable)		Person(s) to Issuer 10% Owner		
(Last) (First) (Middle) C/O HARROW HEALTH, INC.					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2019											Officer (give title below)		Other (specify below)		
12264 EL CAMINO REAL, SUITE 350					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN DIEGO CA 92130															X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	(S	tate) (	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execut ay/Year) if any		Deemed ecution Date, ny onth/Day/Year)				ties Acquired (A) d Of (D) (Instr. 3, 4			4 and Secu		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
										v	Amount		(A) or (D)	or Price		Transa	action(s) 3 and 4)			
Common Stock 03/01/2					/2019						10,000	0 D		\$6.	.91	859,827		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 rity   or Exercise   (Month/Day/Year)   if any			Date,	Date, Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa			Title	or Nur of	ount nber ires						

## Explanation of Responses:

1. This transaction was effected pursuant to a Rule 10b5-1 trading plan, as amended, adopted by the Reporting Person.

<u>/s/ Robert Kammer</u> <u>03/04/2019</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.