FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours por 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.					HA	2. Issuer Name and Ticker or Trading Symbol HARROW HEALTH, INC. [HROW]								ck all applica Director Officer (10% Ow Other (sp	10% Owner Other (specify				
(Last)	(Fir ROW HEA	st) (LTH, INC.	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/18/2023								below)	ef Comm	nercia	below)				
102 WOODMONT BLVD, SUITE 610					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	,						
(Street) NASHVILLE TN 37205												X	X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Sta	ate) (Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a the affirmative defense conditions of Rule 10b5-1(c). See Instruction									ct, instruction	or written p	lan that	t is intended t	o satisfy		
		Tab	le I - No	n-Deriv	ative	Sec	curit	ties Ac	quired,	Dis	posed o	f, or E	Benef	icially	Owned					
Date					Date (Month/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				Beneficia Owned F	s illy ollowing	Form: Direct		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	nt (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 07/18/2						/2023		M		277,20	200 A		(1)	331,277			D			
Common Stock 07/18/2									F		109,080	0(1)	D	\$18.23 222,197		,197		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercis Expiration Date (Month/Day/Yea		e of Securiti		urities lying ative Se	curity		9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code		v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Nu	nount mber Shares		(Instr. 4)				
Performance Stock Unit	(1)	07/18/2023			M			277,200	(1)		(1)	Comm		7,200	\$0	0		D		

Explanation of Responses:

1. The 277,200 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. Saharek 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 109,080 shares of Harrow common stock listed in Table I as "Disposed" were not sold by Mr. Saharek in any transaction; rather, they were shares of Harrow common stock withheld by the Company for payroll tax purposes from the same aforementioned 277,200 shares pursuant to the terms of the Incentive Plan.

/s/ John P. Saharek

07/20/2023

Date

** Signature of Reporting Person

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.