FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	OVAL
	OMB Number:	3235-0287
l	Estimated average burd	en
	hours per 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

1. Name and Address of Reporting Person* Kammer Robert J						2. Issuer Name and Ticker or Trading Symbol HARROW HEALTH, INC. [HROW]										all applicable) Director		g Person(s) to Issuer 10% Owner			
	C/O HARROW HEALTH, INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/11/2019										fficer (give title elow)		Other (specify below)		
102 WOODMONT BLVD., SUITE 610 (Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
l` ′	ASHVILLE TN 37205														Form filed by More than One Reporting Person						
(City)	(S	ate) (Zip)																		
		Tabl	e I - Nor	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, oı	r Ben	efici	ally	Owne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Day/Year) E:		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			4 and Sec Bei		ount of ties cially d Following ted	6. Own Form: (D) or I (I) (Inst	Direct ndirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(
Common Stock				11/11	11/11/2019				S ⁽¹⁾		6,500)	D	\$4.75		797,327]	D		
		Та	ble II - [sed of, onvertib				y Ov	vned					
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution or Exercise (Month/Day/Year) if any			Date, Transaction Code (Inst					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)	Ow For Dir or (I) (nership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	code V (A) (D)				Expiration Date	or Numb		nber									

Explanation of Responses:

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

/s/ Robert Kammer

11/13/2019

** 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.