UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

	OMB	APPROVAL

3235-0287 OMB Number: Estimated average burden hours per response... 0.5

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses) 1. Name and Address of Reporting Person * Harkness Stephanie				2. Issuer Name and Ticker or Trading Symbol Lowell Farms Inc. [LOWLF]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner						
(Last) (First) (Middle) C/O LOWELL FARMS INC., 19 QUAIL RUN CIRCLE, SUITE B				3. Date of Earliest Transaction (Month/Day/Year) 01/13/2022							Officer (give	title below)	Otho	r (specify belo	w)
(Street) SALINAS, CA 93907				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ Fo	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					uired, I	tired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	r) any	eemed tion Date, h/Day/Yea	f Cod (Ins	ransaction e tr. 8)	4. Securities (A) or Dispo (Instr. 3, 4 ar	sed of (D)	Owned Transa		ecurities Beng Reported		6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
							Code V) or D) Price	a.				(I) (Instr. 4)	
Reminder:	Report on a	separate fine for eac.	i class of securities (ny owned t	пссиу	Pers in th	ons who res is form are n rently valid	ot require	ed to re	spond u				1474 (9-02)
Reminder:	Report on a s	separate file for eac		- Deriva	ntive Secur	ities A	Pers in th a cu cquired, Di	ons who res	ot require OMB con	ed to re trol nu	spond u mber.				1474 (9-02)
1. Title of		3. Transaction Date	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p) 4. Transact Code	tive Secur uts, calls, v	nber ivative ties red (A posed 3, 4,	Pers in th a cu cquired, Dits, options 6. Date Expiration (Month/D	ons who res is form are n rently valid sposed of, or l convertible se tercisable and	ot require OMB con Beneficiall ecurities) 7. Title Underl	ed to re trol nu	espond umber. d	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form of Derivat Security Direct (or Indir (s) (I)	11. Nature of Indire Benefici Ownersh: (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., p) 4. Transact Code	5. Nution of De Secur Acquior Disof (D) (Instr.	nber ivative ties red (A posed 3, 4,	Persin that a cu cquired, Ditts, options. 6. Date Expiration (Month/D) Date Exercisab	ons who resis form are normal valid sposed of, or loconvertible secretable and a Date any/Year)	ot require OMB con Beneficiall ecurities) 7. Title Underl	y Owner and Analying Sec	espond umber. d	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form of Derivat Security Direct (or Indir	11. Nature of Indire Benefici Ownersh: (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Harkness Stephanie C/O LOWELL FARMS INC. 19 QUAIL RUN CIRCLE, SUITE B SALINAS, CA 93907	X				

Signatures

/s/ Stephanie Harkness	01/14/2022
Signature of Reporting Person	Date

Explanation of Responses:

- 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.
- (1) 25% of the options vest and become exercisable at the end of each calendar quarter in 2022.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.