FORM 4

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

	OMB	APPROVAL

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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).

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

	pe Response													
Name and Address of Reporting Person * Monat Jeffrey				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)	Other	(specify below	v)
(Street) SALINAS, CA 93907				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					ties Acquired	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	r) any	eemed tion Date, if h/Day/Year	Code (Inst	ransaction e er. 8)	4. Securities Ad (A) or Disposed (Instr. 3, 4 and	of (D) Own 5) Tran				orm:	7. Nature of Indirect Beneficial Ownership	
							ode V	Amount (A) (A)		rica				(111311. 4)
Reminder:	Report on a s	separate line for eac	h class of securities b	peneficial	ly owned di	rectly	Pers in th	ons who respo s form are not rently valid Ol	required to	respond u				1474 (9-02)
Reminder:	Report on a s	separate line for eac		- Deriva	tive Securi	ies Ac	Pers in th a cu	ons who respo s form are not rently valid Ol sposed of, or Be	required to MB control n	respond u number.				1474 (9-02)
1. Title of		3. Transaction	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p) 4. Transact Code	5. Num of Deri Securit Acquir or Disp of (D)	ies Acarran ber vative ies ed (A) osed	Pers in th a cult st, options, 6. Date Expiration (Month/D	ons who respons form are not rently valid Olesposed of, or Be convertible secuercisable and Date	required to MB control n	respond unumber. ned Amount of Securities	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	To 10. Ownersl Form of Derivati Security Direct (I or Indirect)	11. Nature of Indire Benefici Ownersk (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., p) 4. Transact Code	tive Securiuts, calls, w 5. Num of Deri Securit Acquir or Disp of (D)	ies Acarran ber vative ies ed (A) osed	Persin th a cuive, options, options, Expiration (Month/D	ons who respons form are not rently valid Ol sposed of, or Be convertible secretable and Date any/Year)	required to MB control n neficially Own rrities) 7. Title and A Underlying S	respond unumber. ned Amount of Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	To 10. Ownersl Form of Derivati Security Direct (I or Indirect)	11. Natur of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

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

Signatures

/s/ Jeffrey Monat	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. 78ff(a).
- (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.