## 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 b	urden								
- 1		0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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*     Kapadia Sandip					2. Issuer Name and Ticker or Trading Symbol Harmony Biosciences Holdings, Inc. [ HRMY]									(Che	elationship of eck all application Directors  Officer	able)	g Perso	on(s) to Issu 10% Ow Other (s	wner
(Last)	(Fi	irst)	(Middle)											1	below)		CLAI	below)	·
C/O HARMONY BIOSCIENCES HOLDINGS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024								7	CHIE	FINAN	ICIAL	OFFICE	K	
630 W GERMANTOWN PIKE, SUITE 215																			
(Street) PLYMOUTH MEETING PA 19462				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Form f	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(S	tate)	(Zip)																
		Tab	le I - Nor	-Deriv	ativ	e Se	ecurit	ties Ac	quired	, Dis	posed o	of, o	r Ben	eficial	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Day/Year) Exec		Execu	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Securitie Benefici Owned F	5. Amount of Securities Beneficially Owned Following Reported		Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price	Transact	Transaction(s) (Instr. 3 and 4)		[	
Common Stock 09/30				)/2024		M		60,000		A	\$0	60	50,000		D				
Common Stock <sup>(1)</sup> 09/30				0/2024				F		32,052		D	\$40	27,948		D			
		٦	Table II -								osed of onverti				Owned				•
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			Date, T	Fransaction of Code (Instr. Do A)  Se A(A)  Di of		of Deri Sec Acq (A) Disp	umber ivative urities uired or posed D) (Instr. and 5)	Expirati	e Exercisable and ation Date h/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	vative derivativ		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
													- 13	Amount					1

## **Explanation of Responses:**

(2)

Restricted

Stock Units

1. Shares withheld by the Issuer to satisfy required income tax withholdings pursuant to the vesting of restricted stock units on their scheduled vesting date.

Code

M

(A) (D)

60,000

2. This award of restricted stock units was previously granted on October 4, 2023. 40% of the underlying shares vested on September 30, 2024 and 30% shall vest on each of September 30, 2025 and September 30, 2026. Each restricted stock unit represents a contingent right to receive one share of the Issuer's Common Stock and has no expiration date.

Date

Exercisable

(2)

/s/ Christian Ulrich, Attorneyin-Fact

Number

of Shares

60,000

\$0

10/02/2024

90,000

D

Title

Common

Stock

Expiration

(2)

Date

\*\* 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).

09/30/2024

\*\* 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.