FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| shington, D.C. 20549 |
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| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |

0.5

hours per response:

| 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* <u>Graf R. Mark</u> | | | | Har | 2. Issuer Name and Ticker or Trading Symbol Harmony Biosciences Holdings, Inc. [HRMY] | | | | | | | | | k all appli Directo | icable) or | ng Person(s) to Is | | wner | |
|--|--|--|---|----------------|---|--|-----------------|------|--|----------|----------------|--|--------------------------------------|---|----------------------------|------------------------------------|---|---|---------------------------------------|
| | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023 | | | | | | | | | | Officer (give title below) | | | pecify | |
| INC. 630 W GERMANTOWN PIKE, SUITE 215 | | | | | 4. If A | 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 | | | | | |
| (Street) | - DZ | Λ : | 19462 | | Pul | 1 ما | 0h5- | .1(c | \ Transa | acti. | on Inc | dication | | | Form to Person | | e thai | n One Repo | rting |
| (City) | | ate) | (Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | ed to | | | | |
| | | Tabl | e I - Nor | า-Deriva | ative \$ | Sec | uritie | s Ac | quired, C | isp | osed o | of, or Be | enefici | ally | Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date | | | Code (Instr. 5) | | | | | 3, 4 and Secu Bene Owne | | es ially Following | Form (D) o | n: Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) (D) | or Pric | | | action(s) 3 and 4) | | (| Instr. 4) | | |
| | 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) | | Code (Inst | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Ex Da | piration te | Title | Amoun or Numbe of Shares | | | | | | |
| Stock Option | \$35.99 | 05/25/2023 | | | A | | 5,224 | | (1) | 05/ | 25/2033 | Common Stock | 5,224 | | \$0 | 21,816 | | D | |

Explanation of Responses:

1. The stock option shall vest in full on the earlier to occur of (i) May 25, 2024 and (ii) the date of the next annual meeting following the grant date, subject to continued service through the applicable vesting

/s/ Christian Ulrich, Attorneyin-Fact

05/26/2023

** 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.