FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
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Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

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

Section obligat	this box if no lo n 16. Form 4 or ions may conti tion 1(b).		STATE	Filed pur	suant	to Sectio	n 16(a	a) of the Secu	urities Exc	hange A	ct of 19	NERS	HIP	Estima		er: verage burde sponse:	n 0.5
1. Name and Address of Reporting Person* <u>Dayno Jeffrey M.</u>				Ha	2. Issuer Name and Ticker or Trading Symbol <u>Harmony Biosciences Holdings, Inc.</u> [HRMY]						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O HARMONY BIOSCIENCES HOLDINGS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 05/26/2023							>	X Officer (give title Other (specify below) below) PRESIDENT, CEO				
630 W GERMANTOWN PIKE, SUITE 215				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) PLYMO MEETIN	- D	A	19462											led by Mor		orting Perso I One Repo	
(City)	(S	itate)	(Zip)	Ri	Cheo	ck this box	to ind) Transa(icate that a tran defense condi	nsaction w	is made j	pursuant			n or written p	plan tha	at is intended	l to
		Tal	ole I - Non-D	erivativ	e Se	curitie	s Ac	quired, D	ispose	d of, o	r Ben	eficially	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		Code (Instr. 5)				5. Amour Securitie			m: Direct or Indirect Instr. 4)	7. Nature of Indirect			
				nin/Day/re				Code (Ins		osea Or	(D) (Inst	r. 3, 4 and	Beneficia Owned F	ally ollowing	(D) oi		Beneficial Ownership
				intil/Day/re				r) Code (Inst			(D) (Inst (A) or (D)	r. 3, 4 and Price	Beneficia	ally ollowing I ion(s)	(D) oi		Beneficial
			Table II - De	ivative	Sec	(Month/Da	ay/Yea	Code (Instant) 8) Code	tr. 5) V Amo posed	unt of, or	(A) or (D) Benet	Price	Beneficia Owned F Reported Transacti (Instr. 3 a	ally ollowing I ion(s)	(D) oi		Beneficial Ownership
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Table II - De	ivative I., puts, 4. Transac Code (II	Sec	(Month/Da	Acq ants er of re es d (A) sed str.	uired, Dis	tr. 5) V Amo posed , conve	unt of, or rtible i 7. Ti of S Und Deri	(A) or (D) Benet	Price ficially ities) Amount	Beneficia Owned F Reported Transacti (Instr. 3 a	ally ollowing i ion(s) and 4) 9. Numbe derivative Securities Beneficia Owned Following Reported	(D) oi (I) (In s s Illy		Beneficial Ownership (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - Del (e.c 3A. Deemed Execution Date, if any	ivative I., puts, 4. Transac Code (II	Sec	(Month/Da urities S, Warr 5. Numbo Derivativ Securitie Acquireo or Dispo of (D) (In	Acq ants er of re es d (A) sed str.	Code (Ins 8) Code \ uired, Dis c, options, 6. Date Exerc Expiration Da	tr. 5) V Amo posed , conve	unt rtible : i 7. Ti of S Und Deri (Inst	(A) or (D) Benet secur secur erlying vative S tr. 3 and	Price ficially ities) Amount	Beneficia Owned F Reported Transacti (Instr. 3 a Owned 8. Price of Derivative Security	9. Numbe derivative Securities Beneficia Owned Following	(D) oi (I) (In s s Illy	10. Ownership Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4) 11. Nature of Indirect Beneficial Ownership

Explanation of Responses:

1. The stock option vests with respect to 50% of the underlying shares on May 25, 2025, with the remaining shares vesting in twenty-four equal monthly installments beginning on June 25, 2025.

/s/ Christian Ulrich, Attorney-	05/30/2023
<u>in-Fact</u>	
** Signature of Reporting Person	Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.