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 burden								
- 1	hours por rosponso:	0.5							

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* Seabaugh Ramona (Last) (First) (Middle) 12343 N 129TH PL					Susuer Name and Ticker or Trading Symbol MedAvail Holdings, Inc. [MDVL] Date of Earliest Transaction (Month/Day/Year) 02/09/2022					(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer					
(Street) SCOTTS (City)	SDALE A	tate)	85259 (Zip)	_	4. If Amendment, Date of Original Filed (Month/Day/Year) ative Securities Acquired, Disposed of, or Benefi					Lin	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Trans. Date			ınsactio			3. Transaction	4. Securities Acquired (A) on Disposed Of (D) (Instr. 3, 4 5)		ed (A) or tr. 3, 4 and	5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Dwnership 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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivative		Expiration Date of Secu (Month/Day/Year) Underly Derivat		of Securiti Underlying Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$1.38	02/09/2022		A		25,000		(1)	02/09/2032	Common Stock	25,000	\$0	25,000		D	
Restricted Stock Units	(2)	02/09/2022		A		25,000		(3)	(3)	Common Stock	25,000	\$0	25,000		D	

Explanation of Responses:

- 1. 1/4th of the Shares subject to the Option shall vest one year after February 9, 2022, and 1/48th of the Shares subject to the Option shall be scheduled to vest each month thereafter on the same day of the month as February 9, 2022 (or the last day of the month, if there is no corresponding day in a given month), in each case subject to the Recipient remaining a Service Provider (as defined in the Plan) through the applicable vesting date.
- 2. Each restricted stock unit represents a contingent right to receive on share of MDVL common stock.
- 3. One third (1/3rd) of the shares subject to the RSU shall be scheduled to vest on each of the one (1), two (2), and three (3) year anniversaries of March 1, 2022 such that the RSU shall be scheduled to become fully vested on the three (3) year anniversary of the Vesting Commencement Date, in each case subject to the Recipient remaining a Service Provider (as defined in the Plan) through the applicable vesting date.

Remarks:

/s/ Ramona Seabaugh

02/14/2022

** 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.