SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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 [*] Doerr Mark Edward	2. Date of E Requiring S (Month/Day 01/10/202	tatement /Year)	ement MedAvail Holdings Inc [MDVI]					
(Last) (First) (Middle) C/O MEDAVAIL HOLDINGS, INC. 6665 MILLCREEK DR. UNIT 1 (Street) MISSISSAUGA L5N 5M4 (City) (State) (Zip)	,		Issuer (Check X	tionship of Reporting all applicable) Director Officer (give title below) Chief Executive	10% C Other below)	wner 6 (specify (iled (Month/Day, Individual or Jo Check Applicable X Form filed Person	int/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)				. Nature of Indirect Beneficial Jwnership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4) Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)			4. Conversio or Exercis	Form:	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	or Numi of		Number	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Ramona Seabaugh, 01/12/2022 attorney-in-fact for Mark Doerr ** Signature of Reporting Date Person

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 5 (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.