FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

_	Check this box if no longer subject to Section 16.
11	Form 4 or Form 5 obligations may continue. See
$\overline{}$	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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* Kramer Michael R					2. Issuer Name and Ticker or Trading Symbol MedAvail Holdings, Inc. [MDVL]						Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
					3. Date of Earliest Transaction (Month/Day/Year) 01/06/2021							Officer (give ti	tle below)	Other (s	pecify below)
(Street) MISSISSAUGA A6 L5N 5M4 (City) (State) (Zip)			4	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individu X	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
Dat				Date	Transaction ate 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)			· [sed Of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial	
						(Month	/Day/Year)	Code V	Amount	(A) or (D)		nd 4)	istr. 3		Ownership (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	onversion r Exercise (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Derivative 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	Ι' ΄	
Common Stock	\$13.27	01/06/2021		A		14,165		(1)	01/06/2031	Common Stock	14,165	\$0	14,165	D	

Explanation of Responses:

1. The shares subject to the option shall vest on the date of the Issuer's 2021 annual meeting of stockholders, subject to the Reporting Person continuing as a service provider through such date.

Remarks:

Ryan Ferguson, attorney-in-fact for Michael R. Kramer

01/08/2021

** 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.

POWER OF ATTORNEY

The undersigned, as a Section 16 reporting person of MedAvail Holdings, Inc. (the "Company"), hereby constitutes and appoints Ed Kilroy and Rya

- 1. Complete and execute Forms 3, 4 and 5 and other forms and all amendments thereto as such attorney-in-fact shall in his or her discretion
- 2. Do all acts necessary in order to file such forms with the SEC, any securities exchange or national association, the Company and such otl The undersigned hereby ratifies and confirms all that said attorneys in-fact and agent shall do or cause to be done by virtue hereof. The undersigned of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 with respect IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 18th day of November, 2020.

Signature: /s/ Michael R. Kramer
Print Name: Michael R. Kramer