SEC	Form	4
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
	Section 16. Form 4 or Form 5 obligations
ш	may continue. See Instruction 1(b).

Check this box to indicate that a

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

2. Issuer Name and Ticker or Trading Symbol Lowell Farms Inc. [LOWLF]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				
3. Date of Earliest Transaction (Month/Day/Year) 04/04/2022	Officer (give title Other (specify below) below)				
4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person				
	X Form filed by More than One Reporting Person				
_					
	Lowell Farms Inc. [LOWLF] 3. Date of Earliest Transaction (Month/Day/Year) 04/04/2022				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported		7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Subordinate Voting Shares	04/04/2022		J ⁽¹⁾		11,211,559	D	(1)	10,560,338	D ⁽²⁾	
Subordinate Voting Shares								452,874	D ⁽³⁾	

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)	4. Transac Code (Ir 8)				6. Date Exerce Expiration Date (Month/Day/N	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
1. Name and Add	ress of Report	ting Person*													
Hacienda C	ompany,	<u>LLC</u>													
(Last)	(Firs	st)	(Middle)												
C/O EISNER I	LLP														
9601 WILSHI	RE, 7TH FI	LOOR													
(Street)															
BEVERLY HI	LLS CA		90210												
(City)	(Sta	ite)	(Zip)												
1. Name and Add	ress of Report	ting Person*													
Buchan Har	nah Scof	<u>ield</u>													
(Last)	(Firs	st)	(Middle)												
660 MADISO	N AVENUI	Ξ													
14TH FLOOR															
(Street)					_										
NEW YORK	NY		10065												
(City)	(Sta	ite)	(Zip)												

Explanation of Responses:

1. The reported shares were disposed by the Hacienda Company, LLC ("THC") to equity holders in THC pursuant to a grant for no consideration.

2. THC is the record holder of the reported shares. Ms. Ross is the manager of THC. Each of Ms. Ross and THC disclaims beneficial ownership of the reported shares except to the extent of her or its pecuniary interest therein.

3. The reported shares are directly owned by Ms. Ross in her personal capacity.

Hacienda Company, LLC, /s/ Hannah Ross, as Manager /s/ Hannah Ross ** Signature of Reporting Person

<u>01/26/2024</u> <u>01/26/2024</u>

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.