FORM 4

(Print or Type Responses)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 CUDDIHY | Issuer Name and Ticker or Trading Symbol ProPhase Labs, Inc. [PRPH] | | | | | | | | 3. | (Check all applicable) Director 10% Owner | | | | | | | |
|--|---|--|---|--|---|--|---|---|----------------------------------|---|------------|-----------------------|--|--|--|------------------------------------|---|
| (Last) (First) (Middle) 621 N. SHADY RETREAT ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/14/2017 | | | | | | | | X Officer (give title below) Other (specify below) Chief Financial Officer | | | | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | ar) | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| DOYLEST | | | (7:) | | | | | | | | | | _ roini incu by wic | re man one kep | Jording 1 Crson | | |
| (City) | | (State) | (Zip) | | | | | | | | | | ed, Disposed of | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | (Instr. | (A | | Securities Acquir) or Disposed of (str. 3, 4 and 5) | | (D) (| | | | Ownership Form: | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Cod | e V | V An | nount | (A) or (D) | Price | | | | or Indirect (Instr. 4) | | |
| Common S | Stock, par | value \$0.005 | 09/14/2017 | | | | M | | 200 | 0,000 | A | \$ 1 3 | 31,324 | | | D | |
| Common S | Common Stock, par value \$0.005 | | 09/14/2017 | | | М | | 120 | 0,000 | A | \$ 1.65 | 151,324 | | | D | | |
| Common S | Stock, par | value \$0.005 | 09/14/2017 | | | | M | | 40, | 000 | | \$ 1.39 | 191,324 | | | D | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercion Price of Derivative Security | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if | Transaction Code (Instr. 8) Derivation Securit Acquire | | mber of ative ities red (A) posed of 3, 4, | 6. Date Exerc Expiration Da (Month/Day/ | | vertible securiticisable and ate | | ies) | and Amount erlying | | 9. Number of Derivative Securities Beneficially Owned Following Reported | Ownersh Form of Derivati Security Direct (I or Indire | Beneficia Ownersh (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exerci | isable | Expir Date | ration | Title | Amount or Number of Shares | | Transactions (Instr. 4) | |) |
| Employee Stock Option (right to buy) | \$ 1 | 09/14/2017 | | М | | 2 | 200,000 | 12/14 | 1/2014 | 12/1 | 5/2017 | Comm | 1200 000 | \$ 0 | 0 | D | |
| Employee Stock Option (right to buy) | \$ 1.65 | 09/14/2017 | | M | | 1 | 20,000 | 12/19 | 9/2014 | 12/1 | 8/2019 | Comm | 1120.000 | \$ 0 | 0 | D | |
| Employee Stock Option (right to | \$ 1.39 | 09/14/2017 | | М | | 4 | 40,000 | 12/20 | 0/2014 | 12/1 | 8/2021 | Comm | 1 /10 (100) | \$ 0 | 0 | D | |

Reporting Owners

| | Relationships | | | | | | | |
|--|---------------|--------------|-------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| CUDDIHY ROBERT V JR 621 N. SHADY RETREAT ROAD DOYLESTOWN, PA 18901 | | | Chief Financial Officer | | | | | |

Signatures

| /s/ Robert V. Cuddihy, Jr. | 09/15/2017 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.