FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL									
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## INITIAL STATEMENT OF 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

Marga Dahart A. Ir		Sta	Date of Event Rotement (Month/		3. Issuer Name and Ticker or Trading Symbol ProPhase Labs, Inc. [ PRPH ]							
(Last) 711 STEWART (Street) GARDEN CITY (City)	(First) AVENUE, SUIT	(Middle)	13/2023	(Che		tionship of Reporting Perso all applicable) Director Officer (give title below) Controlle	,	o Issuer 10% Owner Other (specif below)	, fy	(Mon	th/Day/Year) dividual or Joint/Goable Line) Form filed by	te of Original Filed  Group Filing (Check  / One Reporting Person  / More than One Reporting
Table I - Non-Derivative Securities Beneficially Owned												
·· · ····· - · · · · · · · · · · ·					2. Amount of Securities Beneficially Owned (Instr. 4)		Fo			Nature of Indirect Beneficial Ownership (Instr.     )		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
''' '			2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securities U Derivative Security (Instr. 4)		es Ur	Conv		sion cise	5. Ownership Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Date Exercisable	Expiration Date	Title			Amount or Number of Shares	Price of Derivative Security		Indirect (I) (Instr. 5)		
Stock Option (R	ight to Buy)		(1)	10/09/2029	Co	ommon Stock, par valu \$0.0005	e	50,000	12.0	1	D	

## **Explanation of Responses:**

1. The option vests over a three year period, with 25% vesting on the date of grant and 25% vesting on each anniversary thereafter, subject to the Reporting Person's continued service through each vesting date.

/s/ Robert A. Morse, Jr.

01/13/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).