

(Print or Type Responses)

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

OMB APPROVAL				
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nours per respons	se 0.5			

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

1. Name and Address of Reporting Person * Hague Henry R III	2. Date of Event Requiring Statement (Month/Day/Year) 02/22/2021			3. Issuer Name and Ticker or Trading Symbol Clever Leaves Holdings Inc. [CLVR]					
(Last) (First) (Middle) 489 FIFTH AVENUE, 27TH FLOOR	02/22/2021		4. Relationship of Issuer		` /	5. If Amendment, Date Original Filed(Month/Day/Year)			
NEW YORK, NY 10017			Director _X_ Officer (give titl below)	X_ Officer (give title Other (specify		6. Individual or Joint/Group FilingCheck Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person			
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned				wned			
1.Title of Security (Instr. 4)		2. Amount o Beneficially (Instr. 4)	Owned		4. Nature of Indire (Instr. 5)	ct Beneficial Ownership			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) 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 control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
	Date Exercisable	ľ	and Amount of	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial			
(Instr. 4)	and Expiration Date (Month/Day/Year)				Form of Derivative Security: Direct	Ownership (Instr. 5)			
	eate Expir xercisable Date	Title	mount or Number of nares	(I)	(D) or Indirect (I) (Instr. 5)				

Reporting Owners

		Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Hague Henry R III 489 FIFTH AVENUE, 27TH FLOOR NEW YORK, NY 10017			Chief Financial Officer		

Signatures

/s/ David Kastin, Attorney-in-Fact	02/22/2021
**Signature of Reporting Person	Date

Explanation of Responses:

No securities are beneficially owned

- * 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.

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.

POWER OF ATTORNEY

Know all by these presents, that the undersigned hereby constitutes and appoints each of David M. Kastin and Pamela L. Marcogliese and with full power of substitution, as the undersigned's tr

- (1) execute for and on behalf of the undersigned, in connection with the undersigned's beneficial ownership of, or participation in a group with respect to, securities beneficially owned,
- (2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such forms and documents related specifically to Se
- (3) take any other lawful action of any type whatsoever in connection with the foregoing which, in the opinion of any such attorney-in-fact, may be of benefit to, in the best interest of,

The undersigned hereby grants to each such attorney-in-fact with full power of substitution or revocation, hereby ratifying and confirming all that each such attorney-in-fact, or each such at This Power of Attorney shall remain in full force and effect for a period of two (2) years, unless earlier revoked by the undersigned in a signed writing delivered to each of the foregoing at [Signature page follows]

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 2nd day of February, 2021.

By: _____/s/ Henry Hague_____

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