FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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).

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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | |
|--|---|---------|--|---|--------------------|--------|-------|--|------------------|---|---|--|---|--------------------------|--|---|---------------------------------------|
| Name and Address of Reporting Person * Detwiler Kyle | | | | 2. Issuer Name and Ticker or Trading Symbol Clever Leaves Holdings Inc. [CLVR] | | | | | | | 1 | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| ` | (Last) (First) (Middle) 6501 CONGRESS AVE | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/14/2022 | | | | | | | X Officer (give title below) Other (specify below) Chief Executive Officer | | | | | | |
| (Street) BOCA RATON, FL 33487 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City | | (State) | (Zip) | | Ta | able I | - Nor | ı-Der | ivative ! | Secu | rities . | Acqui | ired, Dispe | osed of, or I | Beneficially (| Owned | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | Code (Instr. 8) | | ction | 4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5) | | | Beneficially Owned Following Reported Transaction(s) | | Following (s) | 6. Ownership Form: | Beneficial | | |
| | | | | (Month/Day/ | Year) | Co | ode | V | Amou | nt | (A) or (D) | 6. In X 6. In X F Acquired, ired F S Ben Rep (Ins Price \$ 0 2,6 | (Instr. 3 a | or Indi (I) | | or Indirect | rect (Instr. 4) |
| Commor | n shares | | 01/14/2022 | | | A | A | | 500,00 | 00 | A | \$ 0 | 2,652,7 | 71 | | D | |
| | | | | Derivative Se | | | quire | the f | orm dis | spla | ys a c r Bene | curre: | ntly valid | | rol numbe | | |
| | | | | (e.g., puts, cal | ls, wa | arrant | s, op | tions | , conver | tible | secur | ities) | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Execution Da Year) any | tte, if Transaction Code Year) (Instr. 8) | | Number | | and | (Month/Day/Year) | | | Amo Und Secu (Inst | ount of erlying irities | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownersh Form of Derivativ Security Direct (I or Indire | Beneficial Ownershij (Instr. 4) |
| | | | | | | | | | | | | | _ | | | | |

Reporting Owners

| |) (' O N / | Relationships | | | | | | | |
|--------------------------------|--|---------------|--------------|-------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | | Director | 10% Owner | Officer | Other | | | | |
| 6501 | viler Kyle I CONGRESS AVE CA RATON, FL 33487 | X | | Chief Executive Officer | | | | | |

Signatures

| /s/ David M. Kastin, under power of attorney | 01/18/2022 | |
|--|------------|--|
| **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).
- (1) Each restricted share unit represents the contingent right to receive one common share of the Issuer.
- (2) The restricted share units will vest in installments as follows: (i) 50,000 on January 14, 2023; (ii) 150,000 on January 14, 2024; (iii) 150,000 on January 14, 2025; and (iv) 150,000 on January 14, 2026, in each case, subject to the Reporting Person's continuous service with the Issuer through the relevant vesting dates.

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.