FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number: 3235-028									
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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Karkus Ted William					2. Issuer Name and Ticker or Trading Symbol ProPhase Labs, Inc. [PRPH]								(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) 711 STE						3. Date of Earliest Transaction (Month/Day/Year) 04/03/2023								_ 2	below)	(give title	HAIR	Other (s below)	pecify
SUITE 200					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. In Line	Individual or Joint/Group Filing (Check Applicable ne)					
(Street) GARDEN CITY, NY 11530												2	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	State)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											to satisfy			
		Tal	ole I - No	n-Deriv	ative	e Se	ecurities	s Ac	quired, l	Disp	posed (of, o	r Bene	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date		Date,	Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount		(A) or (D)	Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)		
Common Stock, par value \$0.005 04/03/				/2023)23		G ⁽¹⁾		100,000		D	\$0.00	0 3,483,750		D				
Common Stock, par value \$0.005														100,000		I		By Son ⁽²⁾	
			Table II -						uired, Di , option:						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) i	3A. Deeme Execution if any (Month/Day	Date, T	4. Transaction Code (Instr 8)		Derivative E		6. Date Exercisab Expiration Date (Month/Day/Year)		r) of Un		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e C s F lly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	ode	\ v	(A)		Date Exercisable		xpiration ate	ration or		mount r umber f Shares		(Instr. 4)	/		

Explanation of Responses:

- 1. This transaction involved a gift of securities by the Reporting Person to his son, who does not share the Reporting Person's household.
- $2. \ Shares \ held \ by \ Reporting \ Person's \ son, \ who \ shares \ the \ Reporting \ Person's \ household.$

04/03/2023

3. The transaction reported in this row involves a grant by the Issuer to the Reporting Person of options to purchase the Issuer's common stock that will vest in five equal annual installments beginning April 3, 2024, subject to the Reporting Person's continued employment with the Issuer on each vesting date.

(3)

04/02/2031

/s/ Ted Karkus

04/04/2023

500,000

** Signature of Reporting Person

500,000

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.