| FORM | 4 |
|------|---|
|------|---|

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

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

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

#### 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 Type Resp                 | onses)  |                          | n  |                    |  |                        |  |  |   |       |   |  |
|-------------------------------------|---|--------------------------|--|--------------------|--|------------------------|--|--|---|-------|---|--|
| 1. Name and Addre<br>Mote William I | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br>Greenlane Holdings, Inc. [GNLN] |                          |  |                    |  |                        | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>Director 10% Owner |  |   |       |   |  |
| (Last)<br>C/O GREENLA<br>BROKEN SOU |   |                          | 3. Date of Earliest Transaction (Month/Day/Year)<br>12/29/2021                   |                    |  |                        |  | X         Officer (give title below)         Other (specify below)           Chief Financial Officer         Other (specify below) |   |       |   |  |
| (Street)<br>BOCA RATON, FL 33487    |   |                          | 4. If Amendment, Date Original Filed(Month/Day/Year)                             |                    |  |                        |  |  | 6. Individual or Joint/Group Filing(Check Applicable Line)<br>_X_Form filed by One Reporting Person<br>Form filed by More than One Reporting Person |       |   |  |
| (City)                              | (State)   | (Zip)                    | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                    |  |                        |  |  |   |       |   |  |
| 1.Title of Security<br>(Instr. 3)   |   | Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)                      | Code<br>(Instr. 8) |  | (A) or Disposed of (D) |  | of (D)<br>)  | 5. Amount of Securities<br>Beneficially Owned Following<br>Reported Transaction(s)<br>(Instr. 3 and 4)  | Form: | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Class A Comm                        | on Stock  | 12/29/2021               |  | S                  |  | 15,475                 | D  | \$<br>0.94   | 12,481  | D     |   |  |

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

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

|             | ( <i>e.g.</i> , puts, calls, warrants, options, convertible securities) |                  |                    |            |   |        |       |                |               |                    |         |            |                |             |             |
|-------------|---|------------------|--------------------|------------|---|--------|-------|----------------|---------------|--------------------|---------|------------|----------------|-------------|-------------|
| 1. Title of |   |                  | 3A. Deemed         | 4.         |   | 5.     |       | 6. Date Exer   | cisable       | 7. Tit             | le and  |            | 9. Number of   |             | 11. Nature  |
| Derivative  | Conversion  | Date             | Execution Date, if | Transactio | m | Numł   | ber   | and Expiration | on Date       | Amou               | unt of  | Derivative | Derivative     | Ownership   | of Indirect |
| Security    | or Exercise   | (Month/Day/Year) | any                | Code       |   | of     |       | (Month/Day     | /Year)        | Unde               | rlying  | Security   | Securities     | Form of     | Beneficial  |
| (Instr. 3)  | Price of  |                  | (Month/Day/Year)   | (Instr. 8) |   | Deriv  | ative |                |               | Secur              | rities  | (Instr. 5) | Beneficially   | Derivative  | Ownership   |
|             | Derivative  |                  |                    |            |   | Secur  | ities |                | (Instr. 3 and |                    | . 3 and |            | Owned          | Security:   | (Instr. 4)  |
|             | Security  |                  |                    |            |   | Acqu   | ired  |                |               | 4)                 |         |            | Following      | Direct (D)  |             |
|             |   |                  |                    |            |   | (A) o  | r     |                |               |                    |         |            | Reported       | or Indirect |             |
|             |   |                  |                    |            |   | Dispo  | osed  |                |               |                    |         |            | Transaction(s) | (I)         |             |
|             |   |                  |                    |            |   | of (D) | )     |                |               |                    |         |            | (Instr. 4)     | (Instr. 4)  |             |
|             |   |                  |                    |            |   | (Instr | . 3,  |                |               |                    |         |            |                |             |             |
|             |   |                  |                    |            |   | 4, and | 15)   |                |               |                    |         |            |                |             |             |
|             |   |                  |                    |            |   |        |       |                |               |                    | Amount  |            |                |             |             |
|             |   |                  |                    |            |   |        |       | D.             | т ·           |                    | or      |            |                |             |             |
|             |   |                  |                    |            |   |        |       |                | Expiration    | <sup>1</sup> Title | Number  |            |                |             |             |
|             |   |                  |                    |            |   |        |       | Exercisable    | Date          |                    | of      |            |                |             |             |
|             |   |                  |                    | Code       | V | (A)    | (D)   |                |               |                    | Shares  |            |                |             |             |

# **Reporting Owners**

|  | Relationships |              |                         |       |  |  |  |  |
|--|---------------|--------------|-------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address   | Director      | 10%<br>Owner | Officer                 | Other |  |  |  |  |
| Mote William E. Jr<br>C/O GREENLANE HOLDINGS, INC.<br>1095 BROKEN SOUND PARKWAY, SUITE 300<br>BOCA RATON, FL 33487 |               |              | Chief Financial Officer |       |  |  |  |  |

### **Signatures**

| /s/ Douglas Fischer, as attorney-in-fact for William E. Mote, Jr. | 12/30/2021 |
|---|------------|
| **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.