FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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 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 [*] LoCascio Aaron					2. Issuer Name and Ticker or Trading Symbol Greenlane Holdings, Inc. [GNLN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director (Check all applicable)					
(Last) (First) (Middle) C/O GREENLANE HOLDINGS, INC., 1095 BROKEN SOUND PARKWAY, SUITE 300					3. Date of Earliest Transaction (Month/Day/Year) 04/21/2021						X_O	X Officer (give title below) Other (specify below) Chief Executive Officer						
(Street) BOCA RATON, FL 33487				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Form	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City))	(State)	(Zip)		Ta	able I	- Noi	ı-Der	ivative	Securitie	es Acq	uired, Di	spos	sed of, or I	Beneficially	Owned		
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Execut any	Deemed cution Date, if onth/Day/Year)	(Instr. 8)		etion	4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)			(D) Benefici		ant of Securities ally Owned Following d Transaction(s) and 4)		6. Ownership Form: Direct (D)	of Be	Nature Indirect neficial
					(Woman Buy Tour)		ode	V	Amoun	(A) or (D)	Price			,		or Indirect (I) (Instr. 4)		str. 4)
Class A Common Stock 04/21/202		04/21/2021		S			46,500	0 D	\$ 4.53 (1)	123,2	123,263			D				
Reminder: 1	Report on a s	eparate line to	or each class of secu	Deriv	ative Securit	ies Ac	equire	Pers cont the f	ons what in the constant in th	no respo n this fo splays a of, or Be	orm a a curr enefici	re not re ently va ally Own	equi lid (ormation spond unle rol numbe	ss	C 147	4 (9-02)
1. Title of	2	3. Transactio	n 3A. Deemed		outs, calls, wa	arran 5.	ts, op					s) Title and	-1	O Deigo of	9. Number	of 10.		11. Nature
Derivative Security	Conversion or Exercise Price of Derivative Security		Year) Execution D	tte, if Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		Ar Ur Se	mount of nderlying curities astr. 3 and	of Derivati Security s (Instr. 5)		9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	of tive y: (D) rect	of Indirec Beneficial Ownershi (Instr. 4)	
					Code V	(A)	(D)	Date Exer	cisable	Expiration Date	on Ti	Amou or Numb of Share	er					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
LoCascio Aaron C/O GREENLANE HOLDINGS, INC. 1095 BROKEN SOUND PARKWAY, SUITE 300 BOCA RATON, FL 33487	X	X	Chief Executive Officer				

Signatures

/s/ Douglas Fischer, as attorney-in-fact for Aaron LoCascio	04/23/2021
**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).

The Reporting Person sold the shares pursuant to a plan of disposition adopted in accordance with Rule 10b5-1 of the Securities Exchange Act of 1934. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$4.36 to \$4.66, inclusive. The Reporting Person undertakes to provide to Greenlane Holdings, Inc., any security holder of Greenlane Holdings, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in footnote (1) to this Form 4.

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.