FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per respons | ۰ 0.5 | | | | | | | | |

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 ar | 2. Issuer Name and Ticker or Trading Symbol HYDROFARM HOLDINGS GROUP, INC. [HYFM] | | | | | | | | | | k all app Direc Office | tionship of Reportin all applicable) Director Officer (give title | | 10% O | vner | | | | | |
|---|--|---------|---------|---------------------------------|------------------------------------|---|---|--------|---|-------|---|--|----------------------|-----------------------|----------------------------------|--|---|--|---------------------------------------|--|
| (Last) 1510 MA | (Last) (First) (Middle) 1510 MAIN STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/06/2022 | | | | | | | | | Executive Vice Pre | | | President | | |
| (Street) SHOEMAKERSVILLE PA 19526 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | | | | | | |
| (City) | (Sta | ate) (Ž | Zip) | | | | | | | | | | | | Perso | on | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | oosed of | , or B | enef | icially | / Own | ed | | | | |
| Date | | | | 2. Transac Date (Month/Da | Execu ay/Year) if any | | Deemed cution Date, ny nth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | 4 and Secur Benef | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | | ction(s) | | | | | | | |
| Common Stock, \$0.0001 par value per share 07/0 | | | | | 2022 | | | | F | | 89(1) | D | D \$3.48 | | 51,517 | | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Executive curity or Exercise (Month/Day/Year) if any | | | | on Date, Transa Code (Day/Year) | | | | 6. Date Expirati (Month/ | on Da | | and 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | Code | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Shares | er | | | | | | | | |

Explanation of Responses:

1. Shares withheld to satisfy tax withholding obligation applicable to the vesting of 309 stock-settled restricted stock units, which may be settled, on a 1-for-1 basis, only in shares of common stock. Fractional amounts have been rounded to the nearest whole number.

/s/ Jeffrey D. Cohan, Power of Attorney For: Mark Parker

07/06/2022

** Signature of Reporting Person 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.