FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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)															
1. Name and Address of Reporting Person* SCO CAPITAL PARTNERS LLC					2. Issuer Name and Ticker or Trading Symbol ABEONA THERAPEUTICS INC. [ABEO]							EO]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _X_ 10% Owner			
(Last) (First) (Middle) 1330 AVENUE OF THE AMERICAS,, 33RD FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 03/18/2021						Off	cer (give title belo	ow)	Other (specify	below)			
(Street) NEW YORK, NY 10019				4. If Amendment, Date Original Filed(Month/Day/Year)						Form	6. Individual or Joint/Group Filing(Check Applicable Line)Form filed by One Reporting Person _X_ 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 (Instr. 3)			2. Transaction Date (Month/Day/Year	ay/Year) H	Execu iny	Deemed cution Date, if	f Co	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Benefi Report	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Ownership o Form:	Beneficial	
				((Month/Day/Year)			Code	v	Amoun	(A) or (D)	Pric	Ì	str. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		03/18/20)21				S ⁽¹⁾		80,000	D	\$ 2.232 (2)	28 11,15	9,292		I	SCO Capital Partners LLC
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. 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 control number. SEC 1474 (9-02)											C 1474 (9-02)						
			T			ntive Secur uts, calls,		-					cially Owne	d			
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Ye	Year) Execution Day	cution Dat	4. Transaction Code Year) (Instr. 8)		of De Se Ac (A Di of (Ir			6. Date Exercisable and Expiration Date (Month/Day/Year)		e A	, 	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Owner Form of Deriva Securit Direct or Indi	Ownershi y: (Instr. 4)
						Code V	7 (A	A) (I		te ercisable	Expira Date	ation T	Amour or Numb of Shares	er			

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
SCO CAPITAL PARTNERS LLC 1330 AVENUE OF THE AMERICAS, 33RD FLOOR NEW YORK, NY 10019	X	X				
Rouhandeh Steven H 1330 AVENUE OF THE AMERICAS, 33RD FLOOR NEW YORK, NY 10019	X	X				

Signatures

/s/ SCO Capital Partners LLC, by Steven H. Rouhandeh, Managing Member	03/19/2021
**Signature of Reporting Person	Date
/s/ Steven H. Rouhandeh	03/19/2021
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).
- (1) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by SCO Capital Partners LLC on July 13, 2020.
 - The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$2.13 to \$2.28, inclusive. The Reporting
- (2) Person undertakes to provide to the Issuer, any security holder, or the Staff of the SEC, upon request, full information regarding the number of shares disposed at each separate price within the ranges set forth in this footnote.

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.