

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

| OMB APPROVAL | | | | |
|--------------------------|-----------|--|--|--|
| OMB Number: | 3235-0104 | | | |
| Estimated average burden | | | | |
| nours per response (| | | | |

INITIAL STATEMENT OF 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 Responses) | | | | | | | | | | |
|---|--------------|---|-----------------------------|------------------------|---|--|--|---|---|--|
| 1. Name and Address of Reporting Per RICE YEHUDA MICHAEL | S | 2. Date of Event Requiring Statement (Month/Day/Year) 12/13/2018 | | | 3. Issuer Name and Ticker or Trading Symbol Chardan Healthcare Acquisition Corp. [CHAC] | | | | | |
| (Last) (First) 155 WALNUT STREET | (Middle) | | | 4. Relationship Issuer | | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| (Street) ENGLEWOOD, NJ 07631 | | | | _X_ Director | Officer (give title Other (specify | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | |
| (City) (State) | (Zip) | | | | | | G | | filed by More than One Reporting Person | |
| (City) (State) | (Zip) | | | | able I - Non-Deriva | ativ | e Securities | Beneficially (| Owned | |
| 1.Title of Security (Instr. 4) | | | В | | t of Securities lly Owned | For (D) | orm: Direct o) or Indirect | 4. Nature of India (Instr. 5) | rect Beneficial Ownership | |
| Common Stock, par value \$0.0001 | | 7, | 7,500 | | | 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 contained in this form are not required to respond unless the form displays a currently valid OMB control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year) | | on Date | Securi Securi (Instr. | 4) | tive | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | Date Exer | Date Expiration Date | | Title | Amount or Number of Shares | | , | (I) (Instr. 5) | | |
| Reporting Owners | | | | | | | | | | |

| Depositing Owner Name / | Relationships | | | | |
|--|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| RICE YEHUDA MICHAEL | | | | | |
| 155 WALNUT STREET ENGLEWOOD, NJ 07631 | X | | | | |

Signatures

| /s/ Michael Rice | 12/13/2018 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 5(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.