(City)

(State)

(Zip)

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0104 OMB Number: Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

						S(a) of the Securities Exchaine Investment Company Act		1934				
1. Name and Address of Reporting Person* <u>Consonance Capital</u> <u>Management LP</u>			Requiring S (Month/Day	Requiring Statement (Month/Day/Year) 11/18/2020		3. Issuer Name and Ticker or Trading Symbol Consonance-HFW Acquisition Corp. [CHFW]						
(Last) (First) (Middle) 1370 AVENUE OF THE						Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Own				If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person		
AMERICAS, SUITE 3301			Officer (give title below)			Other (specify below)						
(Street) NEW YORK	NY	10019							X	Form filed Reporting	by More than One Person	
(City) (State)	(Zip)										
			Table I - Non	-Deriva	ativ	ve Securities Benefi	cially O	wned				
1. Title of Security (Instr. 4)					В	2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
		(e.				Securities Beneficia ts, options, convert			·)			
Expiratio			Expiration Da	Date Exercisable and biration Date onth/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of		5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expirati Date	on	Title	Amount or Number of Shares	Derivat Securit	tive	or Indirect (I) (Instr. 5)	3)	
1. Name and Add	•	-	nent LP									
(Last)	(First)	,	Middle)									
1370 AVENU SUITE 3301	E OF THE	AMERICA	.S,									
(Street) NEW YORK	NY	1	0019									
(City)	(State)	(2	Zip)									
1. Name and Add		-	<u>2</u>									
(Last) 1370 AVENU SUITE 3301	(First) TE OF AME		⁄liddle)									
(Street) NEW YORK	NY	1	0019									

1. Name and Address of Reporting Person* <u>Consonance Capital Opportunity Fund</u> <u>Management LP</u>						
(Last) (First) (Middle) 1370 AVENUE OF THE AMERICAS SUITE 3301						
(Street) NEW YORK	NY	10019				
(City)	(State)	(Zip)				

Explanation of Responses:

Remarks:

Consonance Capman GP LLC ("Capman") is the general partner of Consonance Capital Management LP ("Consonance Management") and Consonance Capital Opportunity Fund Management LP ("Consonance Opportunity"). Mitchell Blutt is the manager and member of Capman. Dr. Blutt is the Chairman of the Board of Directors (the "Board") of Consonance-HFW Acquisition Corp. (the "Issuer"). In addition, Benny Soffer, a Partner at Consonance Management, is a member of the Issuer's Board. By virtue of their representation on the Issuer's Board, for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, the reporting persons and certain of their affiliates, are deemed directors by deputization of the Issuer.

No securities are beneficially owned.

CONSONANCE MANAGE<u>MENT LP, By:</u> Consonance Capman GP 12/04/2020 LLC, its general partner, /s/ Mitchell J. Blutt, M.D., Manager and Member **CONSONANCE CAPITAL OPPORTUNITY FUND** MANAGEMENT LP, By: 12/04/2020 Consonance Capman GP LLC, its general partner, /s/ Mitchell J. Blutt, M.D., Manager and Member **CONSONANCE** CAPMAN GP LLC, By: 12/04/2020 /s/ Mitchell J. Blutt, M.D. Manager and Member ** Signature of Reporting Date

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

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.

 $^{^{\}star}$ 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).

Form 3 Joint Filer Information

Name:	Consonance Capital Opportunity Fund Management LP						
Address:	1370 Avenue of the Americas Suite 3301 New York, NY 10019						
Date of Event Requiring Statement:	11/18/2020						
Name:	Consonance Capman GP LLC						
Address:	1370 Avenue of the Americas Suite 3301 New York, NY 10019						
Date of Event Requiring Statement:	11/18/2020						