and biomarkers over the 12-week period from baseline to completion of the intervention. Bonferroni-adjusted post-hoc analyses were conducted to compare changes during control and intervention periods. The full sample consisted of 43 older adults (Mean Age=76.9 years, SD=7.5), and 12 completed additional biomarker assessments. Over the 12-week period, there were significant decreases in loneliness (p=.001) and perceived stress (p=.03). Post-hoc analyses found that perceived stress significantly decreased during the intervention period (Mdifference=1.59, p=.04), but not the control period. Loneliness significantly decreased during the control period (Mdifference=2.44, p=.003) and stayed lower during the intervention period. Preliminary results revealed reduced inflammation as well as improvements in sleep quality and variability over the 12-week period. These results support the efficacy of a remote empathy- and compassion-based intervention at reducing loneliness and stress in older adults. Further investigation in a larger sample is needed to verify whether changes in biomarkers are clinically meaningful.