FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
vvasimigton,	D.C.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APF	PROVAL								
OMB Number: 3235-028									
Estimated average burden									
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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Bashan Dror					2. Issuer Name and Ticker or Trading Symbol Protalix BioTherapeutics, Inc. [ PLX ]									k all app Direc	licable) tor	rting Person(s) to Issuer 10% Owner		wner	
(Last) (First) (Middle) C/O PROTALIX BIOTHERAPEUTICS, INC. 2 SNUNIT STREET SCIENCE PARK, POB 455					3. Date of Earliest Transaction (Month/Day/Year) 08/11/2020										X Officer (give title below) Other (spe below)  President and CEO				
(Street) CARMII			161401			4. If Amendment, Date of Original Filed (Month/Day/Year) 08/13/2020							Line)	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Oity)	(City) (State) (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					tion 2A. Deemed Execution Date,		3. 4. Securities Acquired Disposed Of (D) (Instr. 5)		ired (A	A) or 5. Ar , 4 and Secu Bene		unt of ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	Amount	(A) or (D)		Price	Transa	eu ction(s) 3 and 4)			(111511.4)				
Common Stock <sup>(1)(2)</sup> 08/11/2					2020				A		447,927	, A		(2)	447,927		I		By Trust <sup>(3)</sup>
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)	ative Conversion Date Execution Date, if any			Transaction of Code (Instr. Derivati		vative irities ired r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Insi 3 and 4)		Str.	Price of erivative curity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		Beneficial Ownership (Instr. 4)		
					Code			Date Exercis	able	Expiration Date	Title	of Share							

## **Explanation of Responses:**

- 1. The original Form 4, filed on August 13, 2020, is being amended by this Form 4 amendment solely to correct an administrative error, which misreported the vesting schedule of the restricted shares.
- 2. Represents restricted shares of common stock of Protalix BioTherapeutics, Inc., awarded to the employee under its Amended and Restated 2006 Stock Incentive Plan, as amended June 7, 2020 (the "Plan"). The restricted shares vest in 16 equal quarterly increments over a four-year period, commencing on the date of grant. Notwithstanding the foregoing and subject to certain exceptions, the vesting period will accelerate immediately upon a Change in Control, as defined in the Plan.
- 3. To qualify for certain tax benefits under Section 102 of the Israeli Tax Ordinance, securities issued to an employee in connection with the Plan must be registered in the name of a trustee.

/s/ Joseph R. Magnas, POA 08/14/202

\*\* 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.