SEC For	m 4 FORM	4) STA	TES	S SE	ECUR	ITIE		ΣE	XCHA	NGE	CO	MMI	SSION					
					Washington, D.C. 20549												OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					ENT OF CHANGES IN BENEFICIAL OWNER iled pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										HIP	HP OMB Number: 3235-0287 Estimated average burden hours per response: 0.5				
1. Name and Address of Reporting Person* <u>Hayon Yael</u>					2. Issuer Name and Ticker or Trading Symbol Protalix BioTherapeutics, Inc. [PLX]										eck all applic Directo	cable) or	ng Pers	son(s) to Issu 10% Ow	/ner	
(Last) (First) (Middle) C/O PROTALIX BIOTHERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) X 08/15/2023										VP, Research & Development					
2 SNUNIT STREET SCIENCE PARK, POB 455					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) CARMI	(Street) CARMIEL L3 2161401				X Form filed by One Repo Form filed by More than Person												•			
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Tab	ole I - Nor	n-Deriva	ative	e Se	curities	s Ac	quired,	Dis	posed o	f, or	Bene	ficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/E					action 2A. De Execut Day/Year) (Month			Date,	Transaction Dispose Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 ar				es ally following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		A) or D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock 08/15					/2023				A		35,115 A		(1)	35,115				By Trust ⁽²⁾		
		-	Table II -						uired, D , option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	d 4 Date, T C	4. Transaction Code (Instr.		5. Number of		6. Date Exercisable ar Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		mount	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)		Date Exercisab		Expiration Date	Title	0 N 0	umber						
Stock Options (Right to Buy)	\$1.99	08/15/2023			A		35,115		(3)	0	8/15/2033	Comn Stoc		5,115	\$ <mark>0</mark>	35,115	(4)	D		
•	n of Respons	ses: res of common stock	of Protalix P	oTherapor	utics I	nc ?'	warded to t	he orr	plovee unde	r ite /	Amended as	d Rosta	ited 200)6 Stock	ncentivo Dise	n ac amond	lad (the	"Dlan") The	charge voct	
over a three-	year period beg	ginning on the date of ontrol as described in	grant in 12 e																	

2. 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.

3. The shares of common stock underlying the stock options vest over a three-year period beginning on the date of grant in 12 equal increments on each quarterly anniversary of the date of grant. The stock options are subject to accelerated vesting upon a corporate transaction or a change in control as described in the Plan.

4. Does not include options to purchase 129,771 shares of common stock at an exercise price equal to \$3.73 per share that expire on July 5, 2030 and options to purchase 250,000 shares of common stock at an exercise price equal to \$1.03 per share that expire on September 9, 2032.

<u>/s/ Eyal Rubin, POA</u>

** Signature of Reporting Person

08/17/2023

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.