FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	OVAL					
l	OMB Number:	3235-0287					
l	Estimated average burde	en					
l	hours per response:	0.5					

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

1. Name and Address of Reporting Person*  Almon Einat Brill						2. Issuer Name <b>and</b> Ticker or Trading Symbol Protalix BioTherapeutics, Inc. [ PLX ]									ck all applic	able)	g Pers	10% Ow	/ner	
(Last) (First) (Middle) C/O PROTALIX BIOTHERAPEUTICS, INC. 2 SNUNIT ST, SCIENCE PARK, POB 455						3. Date of Earliest Transaction (Month/Day/Year) 05/12/2008									below)	Product		Other (specify below)  Development		
(Street) CARMIEL L3 20100						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																				
		Tab	le I - Noi	n-Deriv	ativ	e Se	curit	ies Ac	quired	, Dis	posed o	f, or B	enefic	ially	Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/E						ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amour Securitie Beneficia Owned F	s ally following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	Pri	се	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common	Stock	L/200	2008			М		48,37	0 A	\$0	).398	48,	370	I		By trust <sup>(1)</sup>				
Common Stock 05/11/						2008			F		6,943	B D	\$	2.78	41,427				By trust <sup>(1)</sup>	
Common	2/200	8			S		41,42	7 A	\$	2.75	0				By trust <sup>(1)</sup>					
		-	Table II -								osed of, converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code ( 8)		n of		6. Date E Expiratio (Month/D	n Date		7. Title and Ame of Securities Underlying Derivative Secu (Instr. 3 and 4)		1	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e (Caracata and Caracata and Ca	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber						
Stock Options (Right to	\$0.398	05/11/2008			М			48,370	(2)	1	12/01/2014	Commor Stock	48,3	370	\$0	203,223	3(3)	D		

## **Explanation of Responses:**

- 1. To qualify for certain tax benefits under Section 102 of the Israeli Tax Ordinance, securities issued to an employee upon the exercise of stock options must be held by a trustee designated by the issuer.
- 2. 25% of the options vested on November 30, 2005. The remaining 75% of the options began to vest in 12 equal quarterly installments on November 30, 2005.
- 3. Does not include options to purchase 232,108 shares at an exercise price equal to \$.972 per share and options to purchase 311,272 at an exercise price equal to \$5.00 per share, which have been reported by the reporting person.

Yossi Maimon, POA

05/14/2008

\*\* 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.