UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of
the Securities Exchange Act of 1934

Date of Report (Date of Earliest Event Reported): June 7, 2016

Protalix BioTherapeutics, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**001-33357**	**65-0643773**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

2 Snunit Street **Science Park, POB 455** **Carmiel, Israel** **(Address of principal executive offices)**	**20100** **(Zip Code)**

Registrant's telephone number, including area code +972-4-988-9488

(Former name or former address, if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01. Regulation FD Disclosure

On June 7, 2016, Moshe Manor, the President and Chief Executive Officer of Protalix BioTherapeutics, Inc., presented a corporate overview at the Jefferies 2016 Global Healthcare Conference. A copy of the slide presentation used in Mr. Manor's presentation is attached hereto as Exhibit 99.1 and is incorporated by reference herein.

An archived webcast of the presentation is available at www.protalix.com, on the event calendar page.

All of the information furnished in Item 7.01 and Exhibit 99.1 hereto shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, and unless expressly set forth by specific reference in such filings, shall not be incorporated by reference in any filing under the Securities Act of 1933, as amended, whether made before or after the date hereof and regardless of any general incorporation language in such filings.

Item 9.01. Financial Statements and Exhibits

(d) Exhibits

99.1 Slide Presentation entitled "Protalix BioTherapeutics Corporate Update – June 2016."

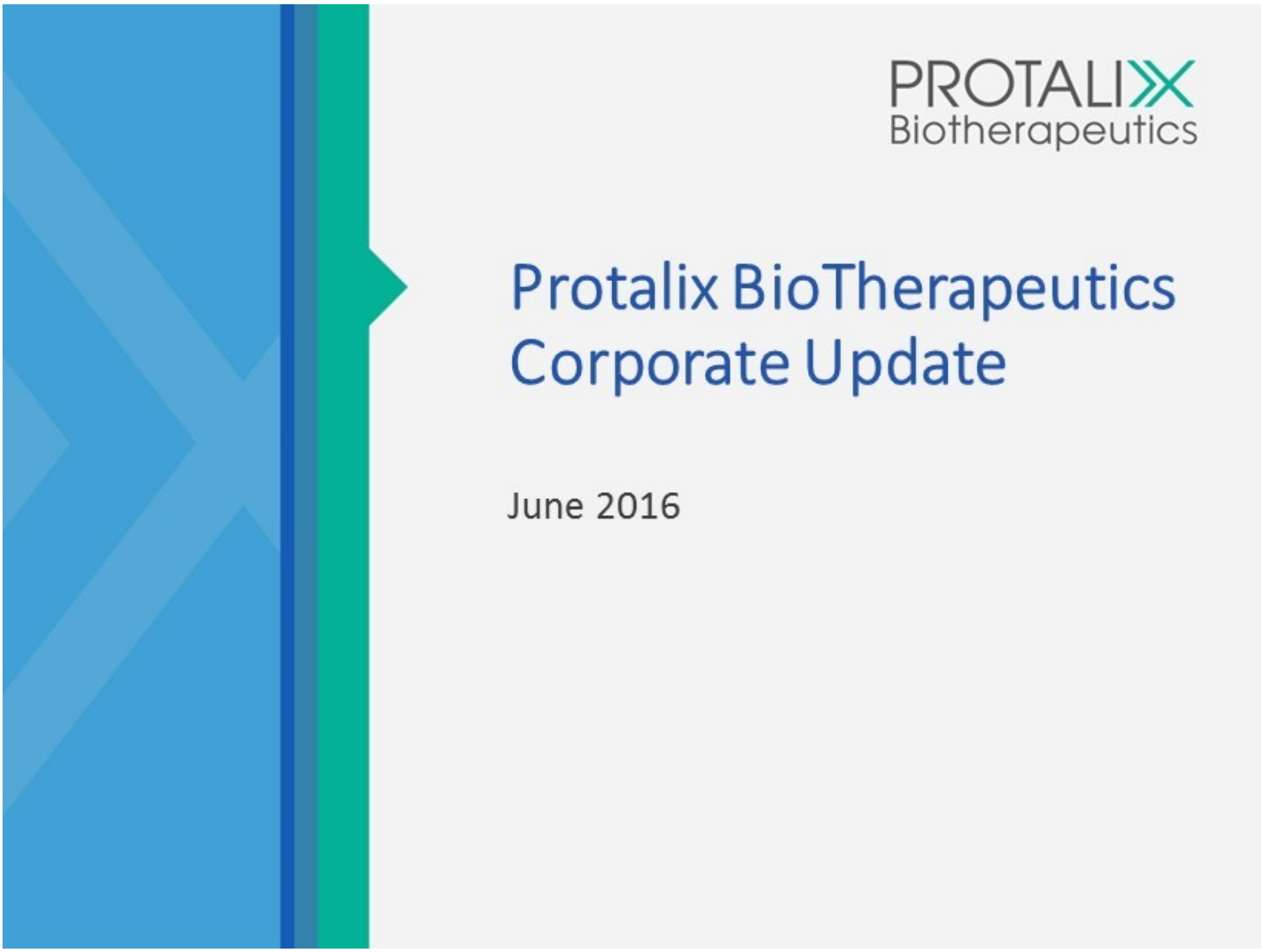
SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

PROTALIX BIOTHERAPEUTICS, INC.

Date: June 7, 2016

By: /s/ Moshe Manor
Name: Moshe Manor
Title: President and Chief Executive Officer


PROTALIX
Biotherapeutics
Protalix BioTherapeutics
Corporate Update
June 2016

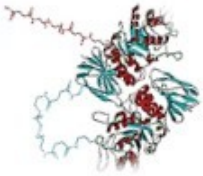
Note Regarding Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. The forward-looking statements including, among others, statements regarding expectations as to regulatory approvals, market opportunity for, and potential sales of, the Company's product and product candidates, goals as to product candidate development and timing of the Company's clinical trials, are based on the Company's current intent, belief and expectations. These statements are not guarantees of future performance and are subject to certain risks and uncertainties that are difficult to predict. Factors that might cause material differences include, among others: failure or delay in the commencement or completion of the Company's preclinical and clinical trials which may be caused by several factors, including: slower than expected rates of patient recruitment; unforeseen safety issues; determination of dosing issues; lack of effectiveness during clinical trials; inability to monitor patients adequately during or after treatment; inability or unwillingness of medical investigators and institutional review boards to follow the Company's clinical protocols; and lack of sufficient funding to finance clinical trials; the risk that the results of the clinical trials of the Company's product candidates will not support the Company's claims of safety or efficacy, that the Company's product candidates will not have the desired effects or will be associated with undesirable side effects or other unexpected characteristics; the Company's dependence on performance by third party providers of services and supplies, including without limitation, clinical trial services; delays in the Company's preparation and filing of applications for regulatory approval; delays in the approval or potential rejection of any applications we file with the FDA or other health regulatory authorities, and other risks relating to the review process; the inherent risks and uncertainties in developing drug platforms and products of the type we are developing; the impact of development of competing therapies and/or technologies by other companies and institutions; potential product liability risks, and risks of securing adequate levels of product liability and other necessary insurance coverage; and other factors described in the Company's filings with the U.S. Securities and Exchange Commission. Existing and prospective investors are cautioned not to place undue reliance on these forward-looking statements, which speak only as of today's date. The Company undertakes no obligation to update or revise the information contained in this presentation whether as a result of new information, future events or circumstances or otherwise.

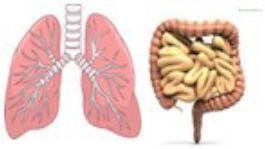
Protalix Snapshot

- FDA approval for plant cell culture based production of a protein - Elelyso®

- Protein production site approved by FDA, EMA and other major regulatory bodies world-wide

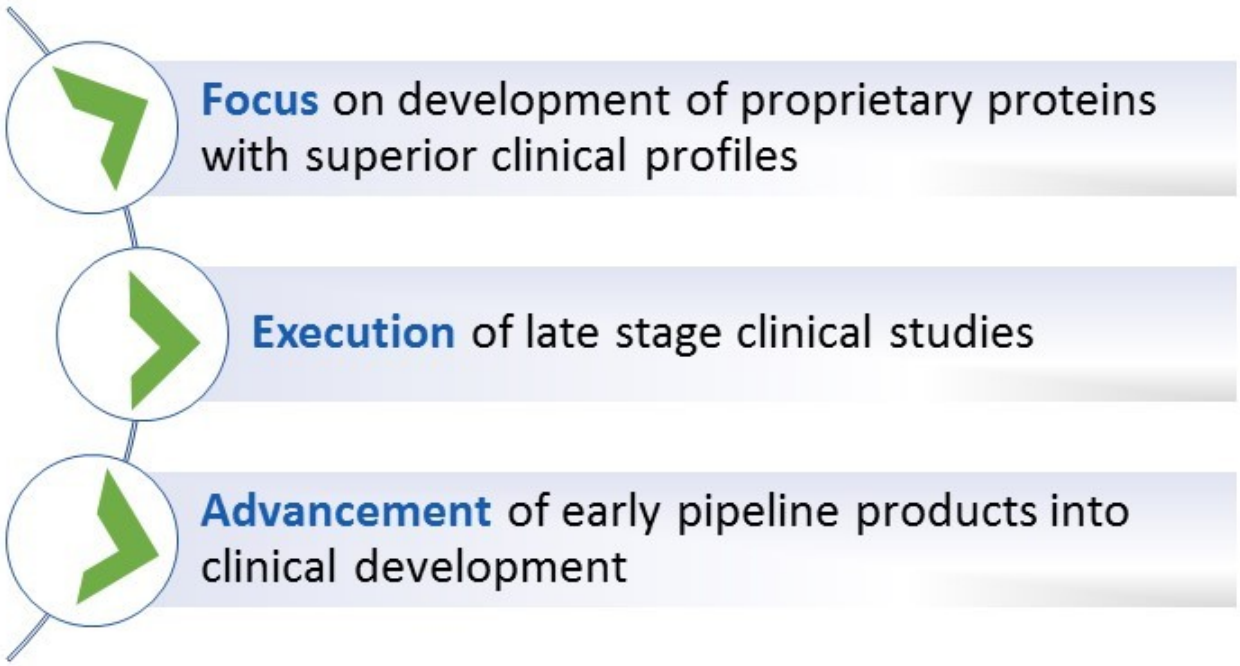


- Phase III clinical program testing the superiority of drug candidate for Fabry Disease



- Phase II candidates:
  - Inhaled protein for Cystic Fibrosis
  - Oral protein for inflammatory diseases

Strategy Highlights



Pipeline Overview

Pegunigalsidase alfa*
for Fabry Disease
PRX-102

AIR DNAse™
for Cystic Fibrosis
PRX-110

Oral anti-TNF
for Ulcerative Colitis
OPRX-106

*pending WHO publication

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Pegunigalsidase alfa

(PRX-102)

for Fabry Disease

Fabry Disease

- Rare genetic lysosomal storage disorder caused by deficiency in the enzyme α-galactosidase A. ~5,000 patients treated worldwide
- Lipids accumulate in key organs (kidney, heart, CNS) leading to a progressive and potentially life threatening disease.
- Renal and Cardiac failures are the most predominant causes for morbidity
- ~$1.2B growing market (CAGR ~10%)

Key Players

Fabrazyme®, Sanofi	Enzyme Replacement Therapy (ERT)	• Approved Worldwide
Replagal®, Shire		• Approved ex-US only
Galafold™, Amicus	pharmacological chaperone	• Approved in EU only • Only for patients with amenable mutations (~30%)

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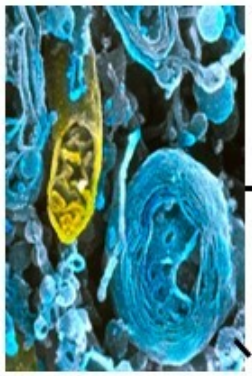
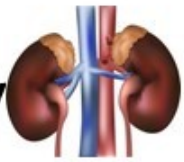
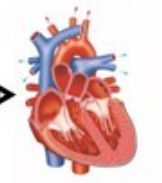
Fabry Disease Remains a High Unmet Need





Renal insufficiency and renal failure



Hypertension and cardiomyopathy

Impact on pain and gastrointestinal function

Most pronounced 4-7 days prior to next infusion

Renal function continues to decline even for patients on long term Enzyme Replacement Therapy (ERT)

Rombach et al 2013

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Pegunigalsidase alfa (PRX 102): A Chemically Modified Plant Cell Derived Recombinant Human α-galactosidase-A

- PEGylated covalently bound homodimer → active and stable enzyme
- Designed to be superior to the currently approved ERTs

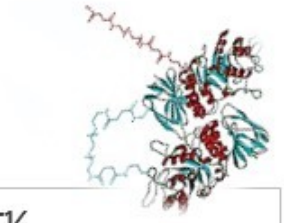
Proven Advantages

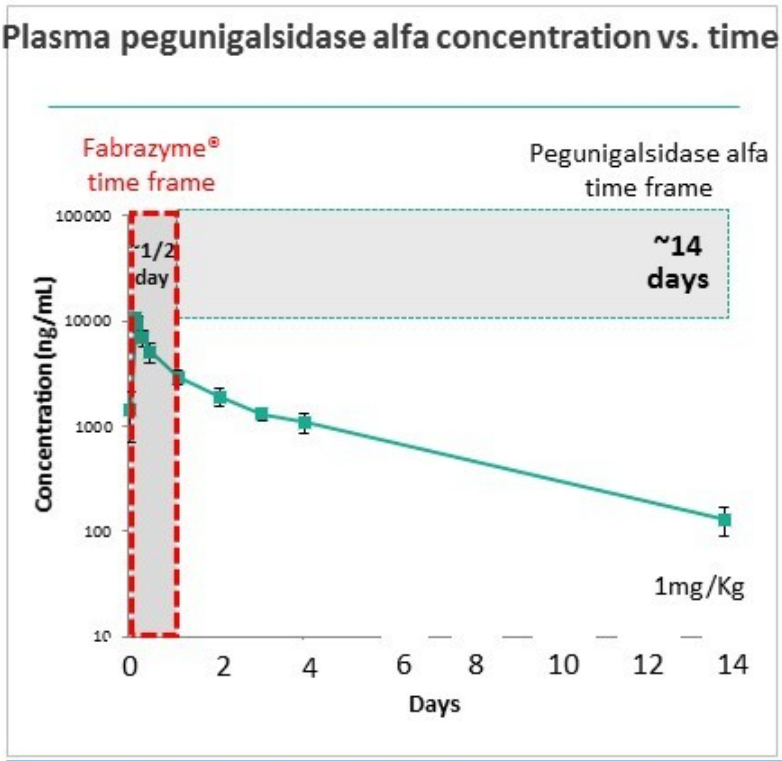
- Larger amounts and longer duration of active enzyme
- Enhanced uptake and activity in target organs
- Lower formation of antibodies

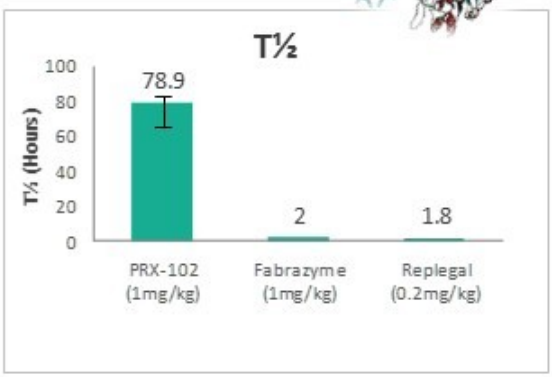
Results In

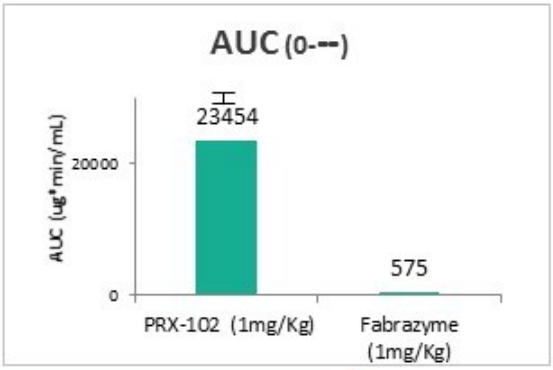
- ✓ Better clinical efficacy
- ✓ Improved Safety profile

Pegunigalsidase alfa (PRX 102): 14 Days of Active Enzyme









Higher levels of active available enzyme than current ERTs

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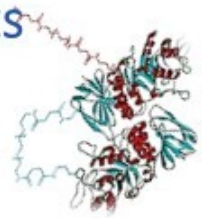
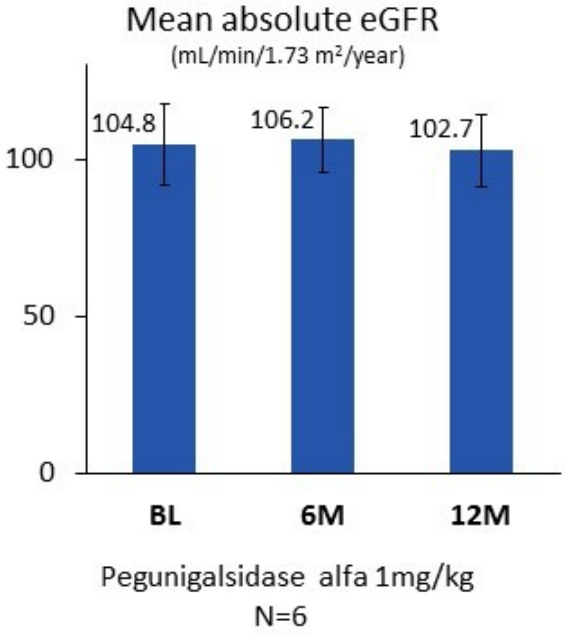
Pegunigalsidase alfa (PRX 102): Results from Phase I/II Clinical trial Fabry patients



Positive impact on Kidney Function



Treated Populations	eGFR slope*
Fabrazyme (eGFR BL 85-160) n=32**	-1.89
Pegunigalsidase alfa (eGFR BL 70-160) n=16***	*-0.32*

*measured as Annualized Rate of Estimated GFR Change (mL/min/1.73 m²/year)
** Germain et al 2015
*** Phase I/II Doses 0.2, 1, 2 mg/kg ; For pegunigalsidase alfa 1mg/kg dose (n=6). eGFR slope was -0.30

Pegunigalsidase alfa (PRX 102): : Favorable safety and tolerability observed throughout ~15 patient years

- Pegunigalsidase alfa was well tolerated, with 98% of events being mild and moderate
- Only 3 patients (19%) tested positive for treatment-induced anti-drug antibodies

	% antibodies
Pegunigalsidase alfa	19%
Fabrazyme	74%*

"As PRX-102 has a different PK profile, which is probably the cause for the very low formation of antibodies, it has the potential for reduced immunogenicity."

Professor Raphael Schiffmann,
Director, Institute of Metabolic Disease at the Baylor Research Institute, Dallas, Texas

* Fabrazyme® Prescribing Information

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Pegunigalsidase alfa (PRX 102): Phase III pivotal trial initiated

a Fabry clinical study balance

- Randomized, double blind, active control study of PRX-102 (pegunigalsidase alfa) compared to Fabrazyme® in Fabry patients previously treated with Fabrazyme®
- Number of patients to be enrolled: 78
  - 52 to be switched to pegunigalsidase alfa
  - 26 to remain on Fabrazyme®
- Objective: Demonstrate superiority to Fabrazyme® in renal function over 24 months with interim results at 12 months - 30% improvement
- Primary Endpoint: Comparison of eGFR slope (mean annualized change) between treatment groups
- Other Endpoints: LVMI, pain, plasma lyso GB3, safety, immunogenicity, Quality of Life

Pegunigalsidase alfa (PRX 102): Supportive Clinical Trial

A Fabry clinical study
bridge

- Open label, single arm switch over study to assess the efficacy and safety of PRX-102 (pegunigalsidase alfa) in Fabry patients currently treated with Replagal®
- Number of patients to be enrolled: 22
- Objective: Efficacy and safety data of patients switched from Replagal® to PRX-102 over 12 months with interim results at 6 months
- Endpoints: Safety, mean annualized change (slope) in eGFR , pain, plasma lyso GB3, immunogenicity, Quality of Life

Pegunigalsidase alfa (PRX 102): Summary of Global Clinical Program to Support Filing

	Pivotal Randomized Controlled Study vs Fabrazyme®	Open Label Switch-Over from Replagal®
FDA	24 mos Superiority	Supportive – 12 mos
EMA Rest of World	12 mos Interim non-inferiority (potential for superiority)	Supportive – 12 mos

- Ongoing follow-up of Phase I/II naïve patients
- Pediatric plan in place

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Pegunigalsidase alfa (PRX 102): Peak Sales Potential of $1B Annually

- At current rate, market is projected to grow from $1.2B to $1.7B in the next 5 years
- Target – Worldwide Naïve & Switch patients
- Potential superiority in efficacy based on:

	Fabrazyme®	Pegunigalsidase alfa
eGFR slope	-1.89	-0.32
Half life	2 hours	~80 hours
Active available enzyme	½ day	14 days
Antibody formation	74%	19%

Potential to be gold standard therapy

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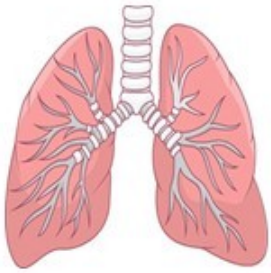
AIR DNase™

(PRX-110)

For Cystic Fibrosis



Cystic Fibrosis (CF)

- Rare genetic disease characterized by a highly viscous mucus most prominently leading to severe lung damage and loss of respiratory function
- ~70,000 CF patients worldwide. Growth in number of patients and increase in life expectancy

Top Selling Drugs

Target	Product	2015 Sales
Reduce mucus viscosity	Pulmozyme®	$678M
CFTR protein potentiation • Applicable to ~30% of patients • Given on top of all other treatments	Kalydeco® and Orkambi®	$983M

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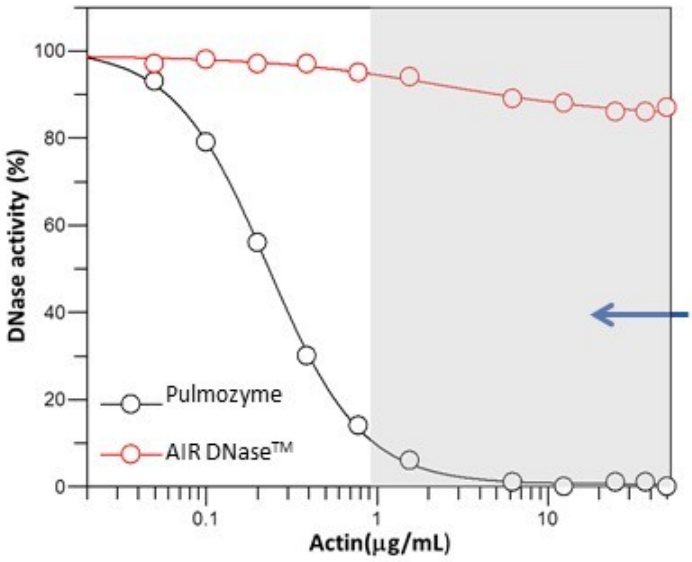
AIR DNase™ Plant cell derived chemically modified recombinant DNase with Actin Inhibition Resistance

- Chemically modified DNase enzyme **resistant to inhibition by actin** thus **designed to enhance the enzyme's efficacy in CF patients' sputa.**
- Actin, a potent inhibitor of DNase, found in high concentrations in CF patients' sputum, interferes with the effectiveness of the currently available DNase, Pulmozyme®

In vitro assay



Relevant concentrations of actin and DNase in human sputum, following treatment

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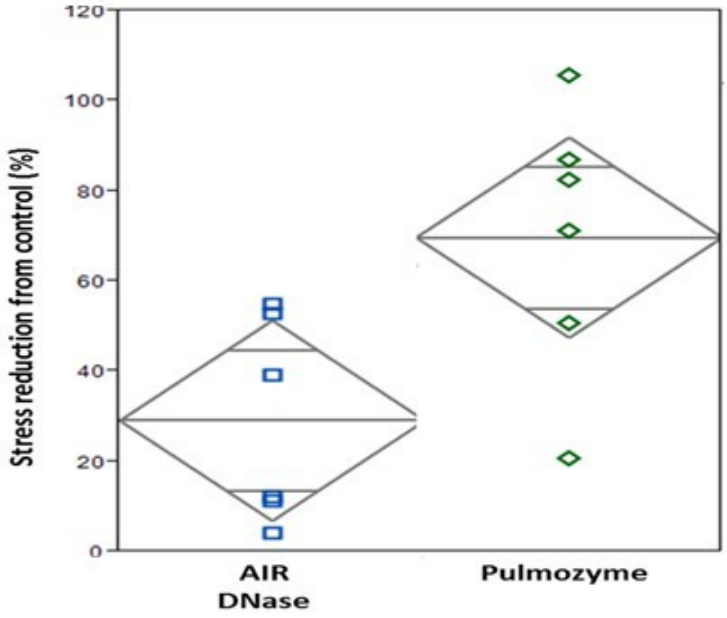
AIR DNase™: Demonstration of reduction of mucus viscosity in human sputum samples



N=6

Rheology Data Analysis

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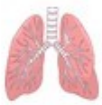
AIR DNase™ Clinical Development Plan for Cystic Fibrosis



- Phase I – 18 healthy volunteers: Completed
  - AIR DNase™ found to be safe and tolerable
- Phase II in CF patients – Initiated
  - Switch-over study for 15 patients previously treated with Pulmozyme®
  - Study duration: 28 days
  - Efficacy endpoint: FEV1
  - Safety and immunogenicity

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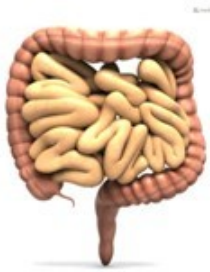
Oral anti-TNF
(OPRX-106)

For Ulcerative Colitis



Oral Delivery of Therapeutic Proteins

Requirements for oral delivery of protein therapeutics

- Protein must survive the gastric environment
- Protein must be released from within the cells into the intestine
- Protein must be able to act within the intestine

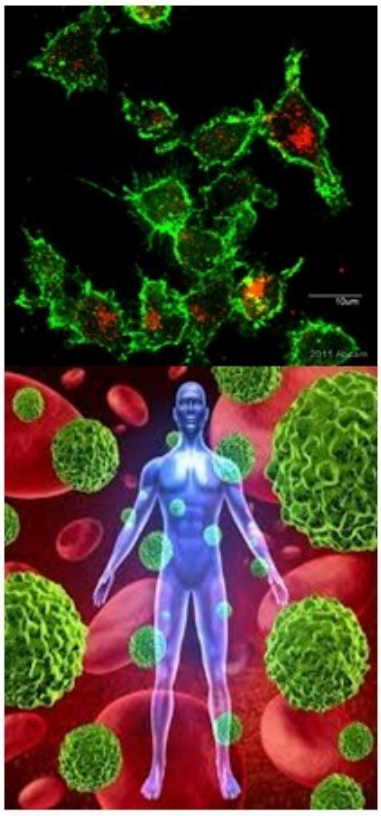
The plant cell advantage:

- Plant cell wall (cellulose) serves as protective agent against the gastric environment
- Can serve as a natural oral administration vehicle

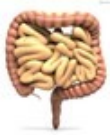
Anti-tumor Necrosis Factor Alpha (anti-TNF α) for Inflammatory Diseases

- Anti-TNF market >$30B with multiple blockbuster products (injections and IV infusions)

- Multiple indications:
  - **Ulcerative Colitis (~$5.5B)**
  - Rheumatoid Arthritis (~$17B)
  - Psoriasis (~$5.7B)
  - Crohn's Disease (~$3.6B)

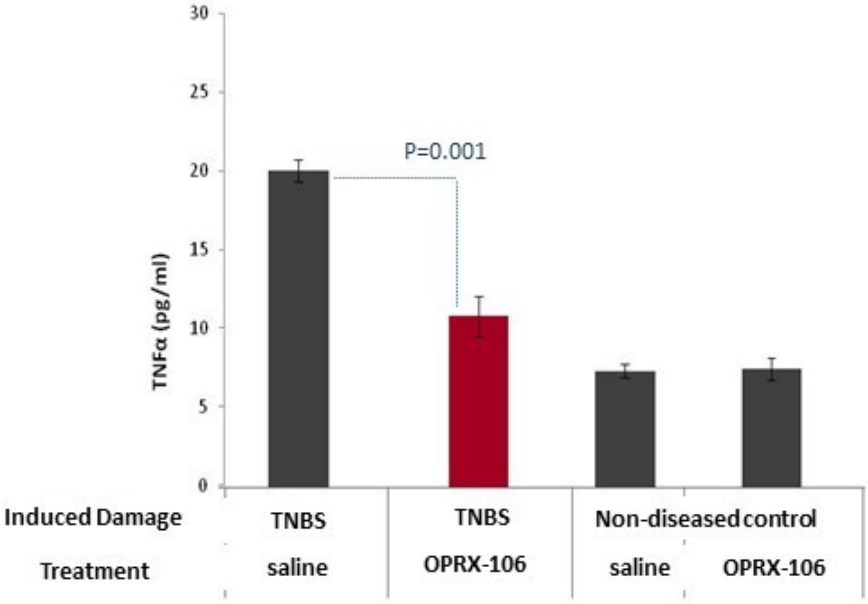


Oral Anti-tumor Necrosis Factor Alpha (anti TNF α) OPRX-106 for Inflammatory Diseases



- Potential to locally deliver higher doses with fewer side effects in an oral formulation

OPRX-106 Inflammatory Bowel Disease Animal Model



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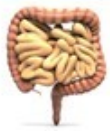
OPRX-106 Phase I Healthy Volunteers- complete

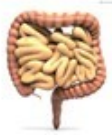


- Safe and well tolerated.
- Immunomodulation: Regulatory T cell activation showed biological activity in the gut: CD4/CD25, CD4/Foxp3/CD25, CD8/CD25, CD8/Foxp3/CD25)
- Alteration of systemic immune system ***without significant systemic absorption***
- Serum cytokine levels remained stable

"The results demonstrated in the Phase I trial are very exciting and encouraging. As T regulatory cells have a central role in the immune system, PRX-106 has the potential to be an effective agent for numerous immune-mediated indications."

Prof. Yaron Ilan
Director, Gastroenterology and Liver Units, Department of Medicine , Hebrew University Hadassah Medical Center , Jerusalem.

OPRX-106 Phase II



- Expected to commence by July 2016
- Study design:
  - 15 mild to moderate untreated ulcerative colitis patients
  - Oral once daily administration - 8 week treatment duration
  - Evaluating two doses for:
    - Safety and Tolerability
    - Pharmacokinetics
    - Efficacy parameters: Mayo score, rectal bleeding, CRP levels, fecal calprotectin level

Financial Overview

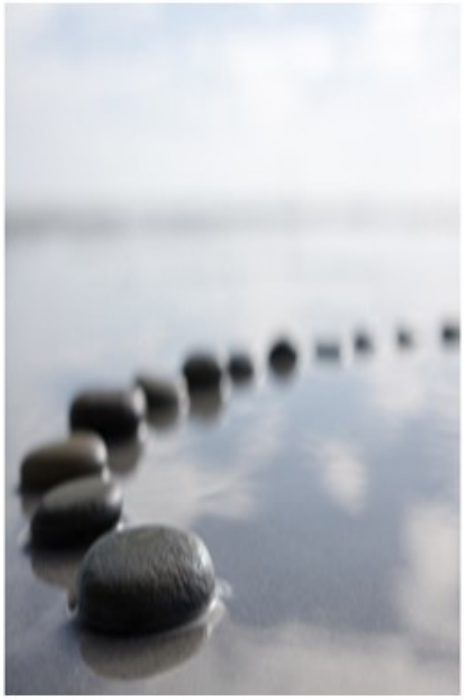
- ~100M shares outstanding, as of March 31, 2016
- Dual listed on NYSE MKT and TASE
- Strong cash position: ~$67M as of March 31, 2016
- Cash level currently projected to finance the company into 2018, through significant milestones
- $69M convertible note due by September 2018
- 10 years of 0% tax after using up NOL (currently ~$120M)

Protalix has an exciting road ahead…

- ✓ Promising results for flagship product for Fabry disease
- ✓ Three molecules in clinical development
  - Phase III with pegunigalsidase alfa
  - Phase II with AIR DNase™
  - Phase II with Oral anti-TNF
- ✓ Clinical stage pipeline targeting markets that are >$8 billion
- ✓ R&D focus to advance early pipeline with attractive opportunities for proteins designed for superior clinical profiles

...and multiple near term catalysts in the next 12 months

- Finalize enrollment in Phase III pegunigalsidase alfa (PRX-102) studies in Fabry
- Enroll patients in Phase II study for AIR DNase™ (PRX-110) in Cystic Fibrosis
- Initiate Phase II study for oral anti TNF (OPRX-106) in Ulcerative Colitis
- Report results from Phase II for AIR DNase ™
- Report results from Phase II for oral anti TNF



PROTALIX Biotherapeutics

Thank You

Moshe Manor
President and CEO
Protalix Biotherapeutics
moshe.manor@protalix.com