FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	OMB APPROVAL								
OMB Number:	3235-0287								
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0.5

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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

1. Name and Address of Reporting Person*  Maimon Yossi			2. Issuer Name <b>and</b> Ticker or Trading Symbol  Protalix BioTherapeutics, Inc. [ PLX ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Maimo</u>	n Yossi				<u>. o.u.</u>		LIICI	прешесь,	<u> </u>	2 x _]		Director	r	10%	Owner	
-											2	Officer below)	(give title		er (specify	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)							below) below) VP, Chief Financial Officer				
C/O PROTALIX BIOTHERAPEUTICS, INC.				0.	03/23/2015							VP, Chief Financial Officer				
2 SNUN	IT ST. SCIE	ENCE PARK. PO	OB 455													
2 SNUNIT ST, SCIENCE PARK, POB 455				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. In	6. Individual or Joint/Group Filing (Check Applicable				
(Street)						,		· ·	`	,	Line	,		0 (		
CARMII	EL L3	3	20100									K Form fi	led by One F	eporting Pe	son	
			20100									Form fil Person	led by More	than One Re	porting	
(City)	(0	tota)	(7:n)									Person				
(City)	(5	tate)	(Zip)													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Da			Date	e Execution nth/Day/Year) if any		Execution Date,   Transaction   Dispos		on Dispose	rities Acquired (A) or ed Of (D) (Instr. 3, 4 a		Beneficia Owned Fe	s F lly (i ollowing (i	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership		
							Code V	Amount	(A) o (D)	r Price	Reported Transacti (Instr. 3 a	on(s)		(Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
				<del></del>	, oa.											
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, if any		Transa	4. Transaction Code (Instr. 8) Securities Acquired or Dispos of (D) (Ins 3, 4 and 5)		e s (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year) Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)		Owner: Form: Direct or Indi (I) (Inst	Beneficia  Ownershi ect (Instr. 4)			
											Amount		(Instr. 4)	,		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	or Number of Shares					
Stock Options (Right to Buy)	\$1.72	03/23/2015		A		250,000		(1)	03/23/2025	Common Stock	250,000	\$0	250,000 <sup>(2</sup>	) D		

## Explanation of Responses:

- 1. 25% of the shares of common stock underlying the stock options shall vest on the first one-year anniversary of the date of grant and the remaining 75% of the shares of common stock underlying the stock options shall vest in 12 equal quarterly installments commencing on such anniversary. The stock options are subject to accelerated vesting upon a corporate transaction or a change in control as described in the Protalix BioTherapeutics, Inc., 2006 Stock Incentive Plan, as amended.
- 2. Does not include (i) options to purchase 175,000 shares of common stock at an exercise price equal to \$5.00 per share that expire on February 7, 2018 and (ii) options to purchase 130,000 shares of common stock at an exercise price equal to \$6.90 per share that expire on February 25, 2020.

<u>/s/ Yossi Maimon</u> <u>05/07/2015</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.