SEC For	m 4 FORM	4	UNITE) STA	ATE	ES S	ECUR	ITIE	S AND	E	ХСНА	NG	ECO	оммі	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).				STATEMENT OF CHANGES IN BENEFICIAL OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										HIP	Estim	OMB Number: 323 Estimated average burden hours per response:				
1. Name and Address of Reporting Person [*] Bronfeld Zeev						2. Issuer Name and Ticker or Trading Symbol <u>Protalix BioTherapeutics, Inc.</u> [PLX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Own				wner	
(Last) (First) (Middle) C/O PROTALIX BIOTHERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 09/07/2022									Officer below)	(give title		Other (below)	specify	
2 SNUNIT STREET SCIENCE PARK, POB 455					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CARMIEL L3 2161401														X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)																				
		Та	ble I - Nor	n-Deriv	vativ	ve Se	ecurities	s Aco	quired, D	isp	posed o	of, o	r Ben	eficially	/ Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/E					-	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				4 and 5) Securities Beneficially Owned Folic		Form (D) or	vnership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	,	Amount		(A) or (D)	Price		orted saction(s) r. 3 and 4)			(Instr. 4)		
			Table II -	Deriva (e.g., p	ative puts	e Sec s, cal	urities Is, warr	Acqu ants	uired, Dis , options	spo , co	osed of, onverti	, or l ble s	Benef secur	ficially ities)	Owned		3			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number Derivativ Securitie Acquired or Dispos of (D) (In 3, 4 and 5	er of e s I (A) sed str.	6. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		Amount s security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reported	re es ally g d	y Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
					ode	v	(A)	A) (D) E)			xpiration ate	Title		Amount or Number of Shares	1	Transact (Instr. 4)				

Explanation of Responses:

\$1.03

Stock Options

(Right to Buy)

1. The shares of common stock underlying the stock options shall vest in 16 equal quarterly installments commencing upon 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 Protalix BioTherapeutics, Inc., Amended and Restated 2006 Stock Incentive Plan, as amended, or if the Reporting Person ends his tenure on the Board of Directors within 12 months of the date of grant.

(1)

2. Does not include options to purchase 240,000 shares of common stock at an exercise price equal to \$3.70 per share that expire on February 3, 2030.

Code V

Α

100,000

/s/ Eyal Rubin, POA

Common

Stock

09/07/2032

** Signature of Reporting Person

100,000

\$<mark>0</mark>

09/09/2022 Date

100,000⁽²⁾

D

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).

09/07/2022

** 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.