FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0287 Estimated average burden

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response:

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 ar Dexcel	2. Issuer Name and Ticker or Trading Symbol Protalix BioTherapeutics, Inc. [PLX]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner								
(Last) (First) (Middle) 10 HAKIDMA STREET					3. Date of Earliest Transaction (Month/Day/Year) 06/02/2021								Officer (give title Other (specif below) below)				specify	
(Street) YOKNEAM L3 2069200 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
Table I - Non-Derivat 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year				2A Ex ir) if a	2A. Deemed Execution Date,		3. Tran Code	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		(A) or	5. An		ount of 6. 0 ities For		m: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)
							Cod	e V	Am		(A) or (D)	Price		Repor Trans		ľ		` ,
Common Stock 06/02/2021							S		61,211(1)		D ⁽¹⁾	\$2.5576(2)(4)		4,4	4,494,820		D	
Common Stock 06/03/2021							S		85	7,506	D ⁽¹⁾	\$2.2534 ⁽³⁾⁽⁴⁾		3,637,314			D	
		Tal	ole II - Derivati (e.g., pu											Owne	d			
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 of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Secu Undo Deri	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	n Title	Amount or Number of Shares	er					
		Reporting Person* Fechnologies	Ltd.															

1. Name and Address of Reporting Person* <u>Dexcel Pharma Technologies Ltd.</u>										
(Last)	(First)	(Middle)								
10 HAKIDMA STREET										
(Street)										
YOKNEAM	L3	2069200								
(City)	(State)	(Zip)								
1. Name and Address of Reporting Person* Oren Dan										
(Last)	(First)	(Middle)								
1 DEXCEL STREET										
(Street)										
OR AKIVA	L3	3060000								
(City)	(State)	(Zip)								

Explanation of Responses:

- 1. Dexcel Pharma Technologies Ltd ("DPT") and Dan Oren, DPT's Executive Chairman, are filing this Form 4 because they have beneficial ownership over common stock of Protalix BioTherapeutics, Inc. The shares are directly owned by DPT. Mr. Oren is ultimately the sole shareholder of DPT.
- $2. The price reported in Column \ 4 is the weighted average price. The common shares were sold in multiple transactions at prices ranging from \$2.530 to \$2.565, inclusive.$
- 3. The price reported in Column 4 is the weighted average price. The common shares were sold in multiple transactions at prices ranging from \$2.200 to \$2.450, inclusive.
- 4. The Reporting Persons hereby undertake to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

Oren, Executive Chairman

/s/ Dan Oren

06/03/2021

** 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.