FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

neck this box if no longer subject							
Section 16. Form 4 or Form 5							
ligations may continue. See							
etruction 1(h)							

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Naos Yaron						2. Issuer Name and Ticker or Trading Symbol Protalix BioTherapeutics, Inc. [PLX]									k all app Direc	tionship of Reporti all applicable) Director Officer (give title		rson(s) to Is 10% Ov Other (s	wner
(Last)	(Fir	,	Middle)	JC	3. Date of Earliest Transaction (Month/Day/Year) 08/15/2023										belov		Opera	below)	specify
C/O PROTALIX BIOTHERAPEUTICS, INC. 2 SNUNIT STREET SCIENCE PARK, POB 455					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	EL L3	2	2161401												X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to													
					l s	atisfy t	ne affiri	mative (defense d	condition	ons of Rule 10	0b5-1(c). See I	nstructio	n 10.				
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,			3. 4. Securitie Transaction Code (Instr. 8) 5.					, 4 and Securi Benefi		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or F	rice	Transa	action(s) 3 and 4)			()	
Common Stock 08/15/				08/15/2	2023				A		187,344	F	A	(1)		200,817			By Trust ⁽²⁾
Common Stock															7,112			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executi if any	nth/Day/Year) {		Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) V (A) (D)			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			Amount of Securities Underlying Derivative Security (Ins 3 and 4)		unt ber		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. Represents restricted shares of common stock of Protalix BioTherapeutics, Inc., awarded to the employee under its Amended and Restated 2006 Stock Incentive Plan, as amended. The shares vest over a three-year period beginning on the date of grant in 12 equal increments on each quarterly anniversary of the date of grant. The restricted shares are subject to accelerated vesting upon a corporate transaction or a change in control as described in the Plan.
- 2. To qualify for certain tax benefits under Section 102 of the Israeli Tax Ordinance, securities issued to an employee in connection with the Plan must be registered in the name of a trustee.

/s/ Eyal Rubin, POA

08/17/2023

** Signature of Reporting Person

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.