FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OIVIB APPROVAL							
	OMB Number:	3235-0287						
l	Estimated average burd	en						

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0.5

	Check this box if no longer subject to
٦.	Section 16. Form 4 or Form 5 obligations may continue. See
J	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* <u>Almon Einat Brill</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol Protalix BioTherapeutics, Inc. [ PLX ]							f Reporting P able) (give title	erson(s) to Issu 10% Ov Other (s	ner
(Last) (First) (Middle) C/O PROTALIX BIOTHERAPEUTICS, INC. 2 SNUNIT ST, SCIENCE PARK, POB 455						3. Date of Earliest Transaction (Month/Day/Year) 03/23/2015							P, Product Development		peony
(Street) CARMIEL L3 20100 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							) <mark>K</mark> Form fil	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person		
		Ta	ble I - Non-De	rivativ	ve Se	curities	s Ac	quired, D	isposed o	of, or Be	neficially	/ Owned			
Date					te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.		ed (A) or str. 3, 4 and 5	5. Amoun Securities Beneficia Owned Fo	s Fo lly (D ollowing (I)	orm: Direct  ) or Indirect (Instr. 4)	7. Nature of ndirect Beneficial Ownership
								Code	Amount	(A) o (D)	r Price	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)														
1. Title of Derivative Security (Instr. 3)	Conversion Date Execution D or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date, if any (Month/Day/Year)	ate, Transaction Code (Instr.		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)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(3)	
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 options to purchase 311,272 shares of common stock at an exercise price equal to \$5.00 per share that expire on February 7, 2018 and 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.

/s/ Yossi Maimon, POA

Date

\*\* Signature of Reporting Person

05/07/2015

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.