FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	STATEMENT	$\triangle$ E	CHANCES	INI	DENIEFICIAL	OWNEDCHID
	SIAIEMENI	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response:	0.5								

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*  Naos Yaron				2. Issuer Name and Ticker or Trading Symbol Protalix BioTherapeutics, Inc. [ PLX ]								eck all applic Director	able)	Person(s) to Iss 10% O Other (	vner		
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)								X Oπicer below)	.0	below)	.,,,,,	
C/O PROTALIX BIOTHERAPEUTICS, INC.				09/07/2022									Sr. VP, Operations				
2 SNUNIT STREET SCIENCE PARK, POB 455				<u> </u>													
(Street)			4	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
CARMIE	EL L	3	2161401											Form filed by More than One Reporting			
(City)	(S	tate)	(Zip)									Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			Transacti ite onth/Day	Execution Date,		Transaction Disposed Of Code (Instr.		ties Acquired (A) or i Of (D) (Instr. 3, 4 and 5)		Beneficia Owned F	s F lly (I ollowing (I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) o	r Price	Reported Transacti (Instr. 3 a	on(s)		nstr. 4)		
			Table II - De (e.					uired, Di					Owned				
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. )		Derivative		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)		Date Exercisable		piration te	Title	Amount or Number of Shares		(Instr. 4)	1(3)		
Stock Options (Right to Buy)	\$1.03	09/07/2022		A		340,000		(1)	09/	/07/2032	Common Stock	340,000	\$0	340,000 <sup>(2</sup>	) D		

- 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.
- 2. Does not include (i) options to purchase 5,000 shares of common stock at an exercise price equal to \$17.20 per share that expire on March 23, 2025, (ii) options to purchase 60,000 shares of common stock at an exercise price equal to \$5.60 per share that expire on September 13, 2028 and (iii) options to purchase 122,656 shares of common stock at an exercise price equal to \$3.59 per share that expire on August 11, 2030.

/s/ Eyal Rubin, POA

09/09/2022

\*\* 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.