Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
| | Estimated average burden | | | | | | | | | | |
| - 1 | hours nor rosponso | . 0.5 | | | | | | | | | |

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* Rozov Yadin | | | | | 2. Issuer Name and Ticker or Trading Symbol ORAMED PHARMACEUTICALS INC. [ORMP] | | | | | | | | | ck all app Direc | ionship of Reportii all applicable) Director | | 10% O | wner | |
|--|---|--|--------|---------------------------------|---|---|--|--------|--|-----|--|------------|---|---|--|---|--|--|------------|
| (Last) (First) (Middle) 1185 AVENUE OF THE AMERICAS | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2024 | | | | | | | | | | Officer (give title below) | | Other (below) | specify |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NEW YORK NY 10036 | | | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | Rul | 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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or E | Benef | iciall | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Dat | | Date, | 3. Transaction Code (Instr. 8) | | | | | Securit | . Amount of ecurities eneficially wned 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 P | rice | Transa | ction(s) and 4) | | | (11341. 4) |
| Common Stock 01/04/2 | | | | 2024 | | A | | 30,000 | A | | (1) | 146,500 | | | D | | | | |
| Common Stock 01/04/2 | | | | 2024 | | | A | | 8,820 | A | A . | (2) | 2) 155,320 | | D | | | | |
| | | Tal | | | | | | | | | osed of, onvertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | 4. Transa Code (8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | nt er | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (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 Stock Units ("RSUs") that will vest in 3 installments as follows: 10,000 shall vest on each of January 1, 2025, January 1, 2026 and January 1, 2027. The RSUs convert into the Issuer's Common Stock on a one-for-one basis.
- 2. Represents Restricted Stock Units ("RSUs") that will vest in quarterly installments of 2,205 on April 1, 2024, July 1, 2024, October 1, 2024 and January 1, 2025. The RSUs convert into the Issuer's Common Stock on a one-for-one basis.

Remarks:

/s/ Yadin Rozov

01/08/2024

** 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.