SEC F	Form 4
-------	--------

## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

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

Section obligat	this box if no k n 16. Form 4 or ions may conti tion 1(b).		STAT		iled pu	irsuan	t to Sectio tion 30(h)	n 16(a	a) of th	e Secu	uritie	es Exchan	ige Act of	<b>WNER</b>	SHIP		Estim	Numbe ated av per res	erage burder	0.5	
1. Name and Address of Reporting Person* <u>Hexter Joshua</u> (Last) (First) (Middle) 9 ALFASI					2. Issuer Name and Ticker or Trading Symbol ORAMED PHARMACEUTICALS INC. [ ORMP ] 3. Date of Earliest Transaction (Month/Day/Year) 09/12/2019										S. Relationship of Reporting Person(s) to Issuer         Check all applicable)         Director       10% Owner         X       Officer (give title below)         below)       below)         Chf. Op. & Bus. Officer					/ner	
(Street) JERUSA (City)		3 state)		- 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									ie) X F F	,						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						2A. Deemed Execution Date if any (Month/Day/Yea		` <b>  C</b> o	Transactio Code (Inst			ities Acquired (A) d Of (D) (Instr. 3, 4		I5) Se Be Ov	Amoun curities neficial vned Fo ported	6	Form	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Co	de V	V Amount		(A) (D)	or Price	Tra	Transaction(s) (Instr. 3 and 4)				(iii5tii 4)		
			Table II - I (											neficially urities)	' Own	ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	ate, T	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)				of Secu Underly	ng /e Security	Derivative Security		9. Numbe derivative Securitie Beneficia Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	. Beneficial Ownership t (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exerc	sable		piration ate	Title	Amount or Number of Share	5		Transacti (Instr. 4)	ion(s)			
Stock option (right to buy)	\$3.69	09/12/2019			A		100,000		(	.)	09	/12/2029	Commo Stock	<sup>1</sup> 100,00	) :	5 <mark>0</mark>	100,0	00	D		

Explanation of Responses:

1. The Stock Options will vest in 16 equal installments of 6,250 on the first day of every three month period beginning November 1, 2019.

/s/ Joshua Hexter

\*\* Signature of Reporting Person

09/12/2019 Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $\ast$  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.