FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response	. 05						

	tion 1(b).			Filed	pursuan or Sec	nt to S ction 3	ection 16(a) 80(h) of the Ir	of the Se	ecurition nt Con	es Exchang npany Act o	je Act of of 1940	1934		nours	s per res	sponse:	0.5	
Mayer (Last)	Arie (Fi	Address of Reporting Person* Arie (First) (Middle) N STREET					2. Issuer Name and Ticker or Trading Symbol ORAMED PHARMACEUTICALS INC. [ORMP] 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2021						Check all ap	ctor cer (give title	ssuer wner specify			
(Street) KFAR S. (City)			428890 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - Nor	า-Deriva	tive S	ecur	ities Acq	uired,	Disp	osed of	, or Be	nefic	ially Ow	ned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,				ies Acquired (A) Of (D) (Instr. 3,		and Secu Bene	ficially d Following	Form (D) or	: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) o (D)	Price	Trans	action(s) 3 and 4)			(Jui 1)	
Common	Stock			11/01/	2021			S		3,000	0 D \$25.6 0					D		
		Tal					ies Acqu varrants,							ed				
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		4. Transac Code (Ir 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Expirati (Month/	on Da		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5) 8. Price of Derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)		ly [10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Date

Exercisable

Explanation of Responses:

/s/ Arie Mayer

Title

Expiration Date

05/10/2022

** Signature of Reporting Person

Amount Number

of Shares

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).

Code

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.

(A) (D)