FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C.	20549	

(MB APPROVAL	

3235-0287 OMB Number: 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)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Sank Leonard					2. Issuer Name and Ticker or Trading Symbol ORAMED PHARMACEUTICALS INC. [ORMP.OB]									ationship of k all applical Director	ble)	g Perso	10% Ow	ner
(Last) 3 BLAIR	`	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/04/2011								-	Officer (g below)	give title		Other (s below)	pecify
(Street) CAPE TO		C3 State)	8005 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line) X						
		1	able I - Non	-Deriva	tive S	Securities	s Ac	quired,	Dis	posed o	f, or Be	nefi	cially (Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.) 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a		or 4 and 5)	and 5) Securities Beneficially Owned Foll		Form: (D) or	rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) (D)	or	Price	Transactio	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)	
Common	Stock			10/04/2	011			P		937,50	O ⁽¹⁾ A		\$0.32	937,5	937,500 I Via spous		Via spouse	
Common	Stock													500,0	000		1 1	Via rust ⁽²⁾
Common	Stock													2,357	,650		D	
			Table II - I (Derivati e.g., pu	ve Se ts, ca	curities alls, warr	Acqı ants	uired, D , option	isp s, c	osed of, convertil	or Ber ble sec	efic uriti	ially O	wned				
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)	Code (Instr.		Derivative		6. Date Exercis Expiration Date (Month/Day/Yea		е	7. Title and Amor Securities Under Derivative Secur (Instr. 3 and 4)		erlying urity	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitic Benefici Owned Followir Reporte Transac	ative rities ficially d wing rted	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title		ount or mber of ares		(Instr. 4)			
Warrant (right to	\$0.5	10/04/2011		A		328,125 ⁽¹⁾		01/25/201	1	01/25/2016	Common	\$3	28,125	\$0	328,1	125	I	Via spouse

Explanation of Responses:

- 1. The 937,500 shares of Common Stock and the warrant to purchase 328,125 shares of Common Stock were purchased in January 2011 on behalf of a company wholly owned by a trust of which the Reporting Person is a trustee and 30% of the beneficiaries are members of the Reporting Person simmediate family. Accordingly, the Reporting Person may be deemed to have acquired indirect beneficial ownership of 30% of such securities when they were acquired by such company. The Reporting Person disclaims such beneficial ownership.
- 2. These shares represent 30% of the shares owned by a company wholly owned by a trust of which the Reporting Person is a trustee and 30% of the beneficiaries are members of the Reporting Person's immediate family. Accordingly, the Reporting Person may be deemed to have indirect beneficial ownership of these shares. The Reporting Person disclaims such beneficial ownership.

/s/ Leonard Sank

10/06/2011

** 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.