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**

STATEMENT OF CHANGES IN BENEFICIAL OV	WNERSHIP

OMB APPROVAL									
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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*     Mayer Arie					2. Issuer Name and Ticker or Trading Symbol ORAMED PHARMACEUTICALS INC. [ ORMP]								(Che	Relationship of Reporting Person(s) to Is (Check all applicable)     X Director 10% O     Officer (give title Other (						
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/04/2024									belov			below)	specify		
(Street)  KFAR S.	Street) KFAR SABA L3 4428890					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Institute Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Institute Check this box to indicate that a transaction was made pursuant to										uction or writt	ten pla	ın that is inter	nded to		
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficiall	y Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execu- ny/Year) if any		Deemed cution Date, y nth/Day/Year)		Transaction Disposed Code (Instr. 5)		ies Acquired (A Of (D) (Instr. 3,		3, 4 and Secu Bene		cially 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 I	Price	Transa	action(s) 3 and 4)			(111511. 4)			
Common Stock 01/04/2					2024			A		30,000	A	A	(1)	86,809			D			
Common Stock 01/04/					/2024				A		9,325	A		(2)	96,134		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transa Code ( 8)	(Instr. 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		Amount of Securities Underlying Derivative Security (Ins 3 and 4)  Amount or Numb of		Derivative Security (Instr. 5)		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 approximately 2,331 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/ Arie Mayer

01/08/2024

\*\* 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.