FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	

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

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

					T							1						
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol ORAMED PHARMACEUTICALS INC. [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Kidron Miriam													X Director			10% Owi	ner	
(Last) (First) (Middle)				URI	ORMP]							Officer (give title below)		Other (specify below)		ecify		
C/O ORAMED PHARMACEUTICALS INC.				3 Da	Date of Earliest Transaction (Month/Day/Year)							Chief Technology Officer						
2 ELZA STREET						08/14/2007												
(Street)					4. If a	If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
JERUSALEM L3 93706				, , , , , , , , , , , , , , , , , , , ,							X							
(City) (State) (Zip)													T OTTT IIICU	by More a	nan or	ie reportin	g 1 013011	
			Table I - Nor	n-Deri	vativ	e Secur	ities Acq	uired,	Disp	osed of,	or Bene	ficially Ow	/ned					
1. Title of Security (Instr. 3) 2. Trans Date (Month/					2A. Deemed Execution Dat if any (Month/Day/Ye		3. Transaction Code (Instr. 8) 1. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				Beneficially (Following Re		Owned (D) or In		. Nature of ndirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
	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		3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)				8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Security			Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)		(i) (iii3ti. 4)		
Warrant (right to buy)	\$0.001	08/14/2007		A		3,361,360		08/14/2	007 ⁽¹⁾	08/14/2012	Common Stock	3,361,360	(3)	3,361,3	360	D		
Warrant (right to buy)	\$0.001	08/08/2012		D ⁽²⁾			3,361,360	08/14/2	007 ⁽¹⁾	08/14/2012	Common Stock	3,361,360	(3)	0		D		
Warrant (right to buy)	\$0.001	08/08/2012		A ⁽²⁾		3,361,360		08/08/2	012 ⁽¹⁾	08/06/2014	Common Stock	3,361,360	(3)	3,361,3	360	D		

Explanation of Responses:

- 1. The warrant was fully vested on the date of issuance.
- 2. The two reported transactions involved an amendment of an outstanding warrant to extend the expiration date to August 6, 2014, resulting in the deemed cancellation of the "old" warrant and the grant of a replacement
- 3. The warrant was granted in recognition of Dr. Kidron's contributions to the Issuer in connection with the initial development of its current business.

/s/ Miriam Kidron

11/23/2012

** 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.