FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burden										
1	hours nor rosnonso.	0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMEN STATEMEN Filed						et to Section 16(a) etion 30(h) of the I	Estim	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5									
1. Name and Address of Reporting Person* Berelowitz Michael (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol ORAMED PHARMACEUTICALS INC. [ORMP] 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2015								Check all appoints X Direct	blicable) ctor er (give title	ting Person(s) to Issuer 10% Owner le Other (specify below)		
415 EAST 37TH STREET (Street) NEW YORK NY 10016 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					action	Execution Date, Transaction Disposed Of (D) (Instr.				(A) or	5. Amount of 4 and Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	of Indirect			
Common Stock 02/23/							A		22,17	78 A		\$	0 2	24,896	D		
		Та				urities Acqu ls, warrants,							y Owned				
Derivative Conversion Da		3. Transaction Date (Month/Day/Year)	3A. Deemde Execution if any (Month/Da	n Date, Transactio			6. Date Exercisable at Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	

Explanation of Responses:

/s/ Michael Berelowitz

Title

Expiration Date

Date Exercisable

02/25/2015

** Signature of Reporting Person

Amount or Number

of Shares

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).

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)