FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

1. Name and Address of Reporting Person* Zommer Yifat Hen					OF	2. Issuer Name and Ticker or Trading Symbol ORAMED PHARMACEUTICALS INC. ORMP]									neck all a _l Dire	oplicable) ector	X 10% (Owner
(Last) (First) (Middle) C/O ORAMED PHARMACEUTICALS INC. HI-TECH PARK 2/4 GIVAT-RAM PO BOX 39098				3. Date of Earliest Transaction (Month/Day/Year) 02/23/2015								A bel			ry			
(Street) JERUSALEM L3 91390 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Lir	ie) <mark>X</mark> Foi Foi	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tab	le I - Non	-Deriva	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, or	Bene	ficia	lly Owr	ed		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					d Secu Bene Own	nount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	((A) or (D)	Price	Repo Trans (Inst	saction(s) :. 3 and 4)		(Instr. 4)
Common Stock 02/23/				/2015						46,560		A	\$0		46,560	D		
		Ta	able II - D								sed of, onvertib				Owne	d		
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Date,	Code (Inst		5. Number of		6. Date E: Expiratio (Month/D	Amount of		tr. 3	8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				,	Code	v	(A)		Date Exercisal		Expiration Date	Title	of Shai	es				

Explanation of Responses:

/s/ Yifat Zommer

02/25/2015

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).