FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C.	20549
vvasimigton,	D.O.	200-0

OMB APPRO	VAL
OMB Number:	3235-0287
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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*  RAKIN KEVIN  (Last) (First) (Middle)  36 CHURCH LANE					2. Issuer Name and Ticker or Trading Symbol ORAMED PHARMACEUTICALS INC. [ ORMP ]  3. Date of Earliest Transaction (Month/Day/Year) 09/12/2019								Relationship of Reportir heck all applicable) X Director Officer (give title below)			g Person(s) to Issuer 10% Owner Other (specify below)		vner
(Street) WESTPO		T tate)	06880 (Zip)	4	Line) X Form filed by C										ed by One	p Filing (Check Applicable ne Reporting Person ore than One Reporting		
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date,			3. 4. Securities Disposed Of Code (Instr.			s Acquire	d (A) or	or 5. Amount of Securities Beneficially Owned Follo		For y (D)	Form: (D) or	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership
					c			Code	v	Amount	(A) or (D)	Price	т	Reported 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Code	4. 5. Number of Derivative Securities		ve es ed (A) or ed of	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and AI of Securities Underlying Derivative Securities (Instr. 3 and 4			ties ng e Securit	De Se	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e s illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Code V (A) (D)		(D)	Date Expiration		Expiration Date	Title	Amour or Number of Shares	er		Transaction(s				
Stock Option (right to buy)	\$4.17	04/10/2019		D <sup>(1)</sup>			10,000	12/31/2	019	04/10/2029	Common Stock	10,00	0	\$0	0		D	
Stock Option (right to buy)	\$4.17	09/12/2019		A <sup>(1)</sup>		10,000		12/31/2	019	09/12/2029	Common Stock	10,00	0	\$0	10,00	0	D	

## **Explanation of Responses:**

1. The two reported transactions involved the cancellation of an outstanding option and the grant of a replacement option.

/s/ Kevin Rakin

09/12/2019

\*\* 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.