FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPRO | OVAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burd | en | | | | |
| l | hours per response: | 0.5 | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 1. Name and Address of Reporting Person* RAKIN KEVIN | | | | | | 2. Issuer Name and Ticker or Trading Symbol ORAMED PHARMACEUTICALS INC. [| | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|----------------|--|------------|------------------|--|-------|-------------------------------------|--------------------------------------|------------------------|--|--------------------------------------|---|---|--|--------------------------|---|--|--|
| TO THE VIEW | | | | | | ORMP] | | | | | | | X | _ | | | 10% Ov | · | |
| 4 0 | - | | | | | | | | | Officer below) | (give title | | Other (s | specify | | | | | |
| (Last) | (F | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | below) | | | below) | | | | | |
| 36 CHURCH LANE | | | | | | 02/09/2017 | | | | | | | | | | | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| WESTPORT CT 06880 | | | | | | | | | | |) X | X Form filed by One Reporting Person | | | | n | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | rting | |
| (Oity) | (0 | tate) | (Z-ip) | | | | | | | | | | ļ | | | | | | |
| | | Tab | le I - Non-[| Derivat | ive S | ecuriti | es Ac | quired, | Disp | osed o | of, or Be | enefi | cially | y Owned | ł | | | | |
| 1. Title of | Security (Ins | tr. 3) | | . Transact | ion | 2A. Dee | | 3. | | | ities Acqui | | | 5. Amou | | | | 7. Nature | |
| Date | | | | | //Year) | Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | ed Of (D) (Instr. 3, 4 | | 4 and | Securition Benefici | ially (D) (Following (I) (I | | or Indirect Instr. 4) | of Indirect Beneficial | | |
| " | | | | | ,, | | | | | | | | Owned | | | | Ownership (Instr. 4) | | |
| | | | | | | | | | v | Amount | (A) (D) | or P | rice | Reporte Transac (Instr. 3 | ction(s) | | | (111511.4) | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of | 2. | 3. Transaction | 3A. Deemed | 4. | | n of E | | 6. Date Exe | 6. Date Exercisable and 7. Title and | | | nd | 8. Price o | | f 9. Number of | | 10. | 11. Nature | |
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | Date | Execution Da if any (Month/Day/Y | ate, Tra | nsaction de (Ins | | | Expiration Date (Month/Day/Year) | | | Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | Derivative Security (Instr. 5) | derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | p of Indirect Beneficial Ownership t (Instr. 4) | |
| | | | | Co | de V | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amo or Num of Sha | - 1 | | | | | | |
| Stock Option (right to buy) | \$6.23 | 02/09/2017 | | A | A | 5,697 | , | (1) | 0: | 2/09/2027 | Common Stock | 5,6 | 697 | \$0 | 5,697 | | D | | |

Explanation of Responses:

1. The Stock Option will vest immediately.

/s/ Kevin Rakin

02/16/2017

** 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.