

## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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).

## 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

1. Name and Address of Reporting Person*	2. Issuer Name and Ticker or Trading Symbol <u>ORAMED PHARMACEUTICALS INC. [ORMP ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
<u>Silberman David</u>  (Last) (First) (Middle) <u>20 MAMILLA AVENUE</u>  (Street) <u>JERUSALEM L3</u> <u>9414904</u>  (City) (State) (Zip)	3. Date of Earliest Transaction (Month/Day/Year) <u>09/01/2021</u>	Director <input checked="" type="checkbox"/> Officer (give title below) <u>Chief Financial Officer</u> 10% Owner Other (specify below)
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	Amount			
Common Stock <sup>(1)</sup>	09/01/2021 <sup>(2)</sup>			A		50,000	A	\$0	50,000 D

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/Year)	4. 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)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	V					
Stock Option (right to buy)	\$20.19	09/01/2021		A	50,000		(3)	09/01/2031	Common Stock	50,000	\$0	50,000 D

## Explanation of Responses:

1. Represents common stock underlying Restricted Stock Units ("RSUs"). Each RSU represents a contingent right to receive one share of the Issuer's common stock.
2. The RSUs will vest as follows: 33,333 shall vest in three equal installments over a period of three years upon Issuer's common stock achieving a specified price per share, and 16,667 shall vest in three equal installments over a period of three years upon Issuer's achievement of certain business objectives.
3. The Stock Options will vest in four equal installments of 12,500 on each of June 27, 2022, June 27, 2023, June 27, 2024 and June 27, 2025.

/s/ David Silberman

09/02/2021

\*\* 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.