FORM 4

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

Washington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

	OMB APPROVAL									
	OMB Number: 3235-028									
	Estimated average burden hours per response: 0.5									

	tion 1(b).	iuc. See		Filed							ies Exchang mpany Act o		1934		nours	s per response:	0.5
1. Name and Address of Reporting Person*  RAKIN KEVIN				2. Issuer Name and Ticker or Trading Symbol ORAMED PHARMACEUTICALS INC. [ ORMP]								Relationsh Check all ap X Dire	plicable)	ng Person(s) to	Olssuer Owner		
(Last) 36 CHU	(Fii RCH LANI	,	⁄liddle)			3. Date of Earliest Transaction (Month/Day/Year) 03/21/2022								Offic belo	er (give title w)	Othe belo	r (specify w)
(Street) WESTP(			6880 Zip)		4. If A	Amend	ment, Dat	e of Oi	rigina	al File	d (Month/Da	y/Year)		ne) X Forr	n filed by On n filed by Mo	p Filing (Checle e Reporting Pender than One R	erson
		Table	I - No	n-Deriva	tive S	Secui	rities A	cquii	red,	Dis	posed of	, or B	enefic	ially Owr	ned		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da		Execution Date,		Co	Transaction Disposed Of (Code (Instr. 5)		s Acquired (A) o of (D) (Instr. 3, 4 a		nd Secui Benet Owne	ficially d Following	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	of Indirect					
								Co	ode	v	Amount	(A) or (D)	Price	Trans	orted isaction(s) tr. 3 and 4)		(111501.4)
Common	Stock			03/21/2	022				S		10,000	D	\$9.4	096 4	16,661	D	
		Tal	ole II -								osed of, c				ed		
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, Train or Exercise (Month/Day/Year) if any Cod		Transa Code (		tion of Exp			6. Date Exercisable and Expiration Date (Month/Day/Year)		Amount of Securities		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial ) Ownership ct (Instr. 4)		

Date Exercisable

**Explanation of Responses:** 

/s/Kevin Rakin

Title

Expiration Date

03/22/2022

\*\* Signature of Reporting Person

of Shares

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.

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