FORM 3

Shapiro

1. Name and Address of Reporting Person

Benjamin

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0104						
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ner response	0.5						

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

2. Date of Event Requiring

Statement (Month/Day/Year)

		05/01/2023							
(Last) (First) (Middle) 1185 Avenue of the Americas			Issuer	Reporting Person(s) to	(s) to	5. If Amendment, Date Original Filed(Month/Day/Year)			
(Street) New York	NY	10036		X Director 10% Owner Officer (give title Other (specify below)			6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(City)	(State)	(Zip)					Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned									
1.Title of Secur (Instr. 4)	ity		2. Amount of Sec Owned (Instr. 4)	curities Beneficially	· ·	4. Natur (Instr. 5)	re of Indirect Beneficial Ownership)		
Common Stock			1,90	0,000	I	By trus	st ⁽¹⁾		

3. Issuer Name and Ticker or Trading Symbol

Oramed Pharmaceuticals Inc. [ORMP]

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(Instr. 4)	Expiration Date		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Exercise Price of Derivative	Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	,	Security: Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

(1) These shares of common stock are held by a trust of which the reporting person is a trustee and beneficiary.

/s/ Benjamin Shapiro
**Signature of Reporting Person

05/01/2023

Date

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to 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 5(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).