FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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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

Name and Address of Reporting Person* Eitan Ajchenbaum			2. Date of Event Requiring Statement (Month/Day/Year) 09/10/2025		3. Issuer Name and Ticker or Trading Symbol Pluri Inc. [PLUR]						
(Last) (First) (Middle) C/O PLURI INC. MATAM ADVANCED TECH PARK					4. Relationship of Reto Issuer (Check all application X Director	able) 10% Owner		(Month/Day/Year)			
(Street) HAIFA (City)	L3 (State)	3508409 (Zip)	-		Officer (give title below)	Other (specify below)		Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting X Person Form filed by More than One Reporting Person			
(Oity)	(State)	(ΣΙΡ)									
		Table	I – Non-De	rivative S	ecurities Benefici	ially O	wned				
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)		ership Direct (D) ect (I) 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
										1	
					curities Beneficial options, convertib					,	
Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		Title and Amount of Securities Underlying Derivative Security (Instr 4)			4. Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial		
		Date	Expiration			Amount or Number	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	Ownership (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

/s/ Eitan Ajchenbaum

Title

09/22/2025

Date

Shares

** Signature of Reporting Person Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Exercisable

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.

Date

^{*} 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).