FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b). Check this box to

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL

0.5

OMB Number: 3235-0287

Estimated average burden hours per response...

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN 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

(Print or Type Responses)

1. Name and Address of Reporting Person * Fox Christine	2. Issuer Name and Ticker or Trading Symbol Teva Pharmaceutical Industries Limited [TEVA]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) EVP, Head of U.S. Commercial				
(Last) (First) (Middle) C/O Teva Pharmaceutical Industries Ltd. 124 Dvora HaNevi'a St.,	3. Date of Earliest Transaction (Month/Day/Year) 03/04/2024					
(Street) Tel Aviv, L3 6944020 (City) (State) (Zip)	4. If Amendment, Date Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X 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	2. Transaction	2A. Deemed	3. Transact	3. Transaction		ties Acqı	uired	5. Amount of Securities Beneficially	6.	7. Nature
(Instr. 3)	Date	Execution Date, if	Code	Code		isposed c	of (D)	Owned Following Reported	Ownership	of Indirect
	(Month/Day/Year)	any	(Instr. 8)	(Instr. 8)		4 and 5)		Transaction(s)	Form:	Beneficial
		(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership
									or Indirect	(Instr. 4)
						(A) or			(I)	
			Code	V	Amount	(D)	Price		(Instr. 4)	

1. Title of Derivative	2. Conversion	3. Transaction	3A. Deemed Execution Date, if			5. Number		6. Date Exercisable and Expiration Date					9. Number of Derivative	10. Ownership	11. Nature
	1	(Month/Day/Year)				Securities		(Month/Day/Year)		of Underlying Securities			Securities	Form of	Beneficial
(Instr. 3)	Price of Derivative	(Wionan Bay/ Tear)	(Month/Day/Year)	(Instr. 8)		Acquired		(Wollin/Day/Tear)		(Instr. 3 and 4)			Beneficially Owned	Derivative	Ownership
	Security				(A) or Disposed of (D) (Instr. 3, 4, and 5)							Following	Security: Direct (D) or Indirect (I) (Instr. 4)	(Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Share Units	(1)	03/04/2024		A		81,845		(2)	(2)	Ordinary Shares (3)	81,845	\$ 0	81,845	D	

Explanation of Responses:

- 1. Each restricted share unit represents a contingent right to receive, at settlement, one ordinary share or, at the option of the Human Resources and Compensation Committee, the cash value of one ordinary share.
- 2. Restricted share units were granted on March 4, 2024, with 20,461 vesting on each of March 4, 2025, March 4, 2026 and March 4, 2027, and 20,462 vesting on March 4, 2028.
- 3. The Ordinary Shares may be represented by American Depositary Shares, each of which currently represents one Ordinary Share.

Signatures

/s/ Dov Bergwerk as attorney-in-fact for Christine Fox 03/05/2024

** 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.