FORM 4

UNITED STATES

Washington, D.C. 20549

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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).

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 exist the office of the indicate of the restrict of the office of the section. to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

Name and Address of Reporting Person* Naos Yaron					2. Issuer Name and Ticker or Trading Symbol Protalix BioTherapeutics, Inc. [PLX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify				ner	
(Last) (First) (Middle) C/O PROTALIX BIOTHERAPEUTICS, INC. 2 SNUNIT STREET SCIENCE PARK, POB 455					3. Date of Earliest Transaction (Month/Day/Year) 09/23/2024							below) Sr. VP, Operations					
(Street) CARMIEL L3 2161401 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	e) Form fi					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transc Date (Month/D				9	action 2A. Deemed Execution Date of any (Month/Day/Yea		Code (Instr.		ed (A) or str. 3, 4 and	5. Amour Securitie Beneficia Owned F	s Form ally (D) o ollowing (I) (In		: Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) o (D)	r Price	Transact (Instr. 3 a	tion(s)			nstr. 4)	
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)	ve Conversion Date or Exercise (Month/Day/Year) if any			ransaction Derivative ode (Instr. Securities		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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
Stock Option (Right to Buy)	\$1.1	09/23/2024		A		100,000		(1)	0	9/23/2034	Common Stock	100,000	\$0	100,000) (2)	D	

Explanation of Responses:

- 1. The shares of common stock underlying the stock options shall vest in 12 equal quarterly installments commencing upon the date of grant. The stock options are subject to accelerated vesting upon a corporate transaction or a change in control as described in the Protalix BioTherapeutics, Inc., Amended and Restated 2006 Stock Incentive Plan, as amended.
- 2. Does not include (i) options to purchase 5,000 shares of common stock at an exercise price equal to \$17.20 per share that expire on March 23, 2025, (ii) options to purchase 60,000 shares of common stock at an exercise price equal to \$5.60 per share that expire on September 13, 2028, (iii) options to purchase 122,656 shares of common stock at an exercise price equal to \$3.59 per share that expire on August 11, 2030 and (iv) options to purchase 340,000 shares of common stock at an exercise price equal to \$1.03 per share that expire on September 7, 2032.

/s/ Yaron Naos

09/24/2024

** 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.