#### ORAMED PHARMACEUTICALS INC.

Form 4/A January 29, 2014

## FORM 4

Check this box

if no longer

subject to

Section 16.

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Zommer Yifat Hen

2. Issuer Name and Ticker or Trading

Symbol

ORAMED PHARMACEUTICALS INC. [ORMP.OB]

3. Date of Earliest Transaction

(Month/Day/Year)

08/08/2012

5. Relationship of Reporting Person(s) to

OMB

Number:

Expires:

response...

Estimated average

burden hours per

**OMB APPROVAL** 

10% Owner

Other (specify

3235-0287

January 31,

2005

0.5

Issuer

below)

(Check all applicable)

below)

**CFO** 

C/O ORAMED PHARMACEUTICALS INC., 2/4 HI-TECH PARK, GIVAT RAM, PO

(First)

(Middle)

**BOX 3909** 

(Last)

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

08/09/2012

6. Individual or Joint/Group Filing(Check

Applicable Line)

Director

X\_ Officer (give title

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

JERUSALEM, L3 91390

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Price

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following

6. Ownership Form: Direct (D) or Indirect Beneficial (Instr. 4)

7. Nature of Indirect Ownership (Instr. 4)

(A) or Code V Amount (D)

Reported Transaction(s) (Instr. 3 and 4)

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

### Edgar Filing: ORAMED PHARMACEUTICALS INC. - Form 4/A

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Underlying S	7. Title and Amount of Jnderlying Securities Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 0.34	08/08/2012		A	609,000	<u>(1)</u>	08/08/2012	Common Stock	609,000	

# **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Zommer Yifat Hen					
C/O ORAMED PHARMACEUTICALS INC.		CFO			
2/4 HI-TECH PARK, GIVAT RAM, PO BOX 3909			CrO		
JERUSALEM, L3 91390					

## **Signatures**

/s/ Yifat
Zommer

\*\*Signature of Date

\*\*Signature of Reporting Person

# **Explanation of Responses:**

- \* 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).
- (1) 21,000 shares will vest on the last day of each month commencing August 31, 2012 and ending on December 31, 2014

#### **Remarks:**

This amended Form 4 is being filed to correct (i) Ms. Zommer's address, (ii) the expiration date of the stock option, which is A 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.

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