Kidron Miriam Form 4 November 23, 2012

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** 3235-0287

**OMB APPROVAL** 

Number:

January 31, Expires: 2005

0.5

Estimated average burden hours per

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if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue.

See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \* Kidron Miriam

Symbol

5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Issuer

ORAMED PHARMACEUTICALS INC. [ORMP]

(Check all applicable)

(Last) (First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year) 08/14/2007

\_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify below) Chief Technology Officer

C/O ORAMED PHARMACEUTICALS INC., 2

**ELZA STREET** 

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year) Applicable Line)

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

JERUSALEM, L3 93706

(City) (State) (Zip)

(Street)

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

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 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

Reported Transaction(s)

(A) Code V Amount (D) Price

(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: Kidron Miriam - Form 4

	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. 5. Number of D TransactionSecurities Acqu Code Disposed of (D (Instr. 8) (Instr. 3, 4, and		quired (A) or D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title a Underlyi (Instr. 3
					Code V	(A)	(D)	Date Exercisable	Expiration Date	Title
	Warrant (right to buy)	\$ 0.001	08/14/2007		A	3,361,360		08/14/2007(1)	08/14/2012	Comm Stock
	Warrant (right to buy)	\$ 0.001	08/08/2012		D(2)		3,361,360	08/14/2007(1)	08/14/2012	Comm
	Warrant (right to buy)	\$ 0.001	08/08/2012		A(2)	3,361,360		08/08/2012(1)	08/06/2014	Comm Stock

## **Reporting Owners**

Reporting Owner Name / Address			Relationships	
	Director	10% Owner	Officer	Other

Kidron Miriam C/O ORAMED PHARMACEUTICALS INC. 2 ELZA STREET JERUSALEM, L3 93706

X

Chief Technology Officer

## **Signatures**

/s/ Miriam Kidron 11/23/2012

\*\*Signature of Date
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) The warrant was fully vested on the date of issuance.
- (2) The two reported transactions involved an amendment of an outstanding warrant to extend the expiration date to August 6, 2014, resulting in the deemed cancellation of the "old" warrant and the grant of a replacement warrant.
- (3) The warrant was granted in recognition of Dr. Kidron's contributions to the Issuer in connection with the initial development of its current business.

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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