FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>KIDRON NADAV</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol ORAMED PHARMACEUTICALS INC. [ORMP] | | | | | | | | | elationship ck all app Direc | , | | | | |
|--|--|---------|-------------------------|---|--|---|---|--------------------------------|---|--------|--|------------------------|--------------------------------|---|---|-------------------------------------|---|---------------------------------------|--|--|
| (Last) | (Fir | est) (N | Middle) | | X Officer (give title Other (specify below) below) | | | | | | | | | | | | specify | | | |
| 1185 AVENUE OF THE AMERICAS, THIRD FLOOR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/03/2021 | | | | | | | | | President and CEO | | | | | |
| (Street) NEW YORK, NY 10036 | | | | 4. If <i>A</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (St | ate) (ž | Zip) | | | | | | | | | | | | Perso | on | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficial | ly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Exec ay/Year) if any | | Deemed ecution Date, ny onth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 4 and Securi Benefi | | ies cially Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transa | action(s) . 3 and 4) | | | (| | |
| Common Stock 12/03/2 | | | | 2021 | | | G | V | 20,000 | D | | (1) | 818,209 | | | D | | | | |
| | 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) | ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of | r osed (: 3, 4 | 6. Date Expirati (Month/ | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | str. | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | |

Explanation of Responses:

1. This transaction represents a charitable donation effective December 3, 2021. This is not a market transaction, thus no price has been reported. No value was received for the donated shares. The Reporting Person is not affiliated with, and has no control over, the donate.

/s/ Nadav Kidron

12/07/2021

** 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.