Palash Tzvi Form 3 September 07, 2010

# FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

**SECURITIES** 

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement Protalix BioTherapeutics, Inc. [PLX] Palash Tzvi (Month/Day/Year) 08/29/2010 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O PROTALIX (Check all applicable) BIOTHERAPEUTICS, INC., Â 2 SNUNIT STREET SCIENCE 10% Owner Director PARK, POB 455 \_X\_\_ Officer Other (give title below) (specify below) (Street) 6. Individual or Joint/Group Chief Operating Officer Filing(Check Applicable Line) \_X\_ Form filed by One Reporting Person CARMIEL, L3Â 20100 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned** 

1.Title of Security (Instr. 4)

(State)

(City)

2. Amount of Securities Beneficially Owned (Instr. 4)

Ownership Form: Direct (D)

or Indirect

(Instr. 5)

4. Nature of Indirect Beneficial Ownership

(Instr. 5)

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

(Zip)

SEC 1473 (7-02)

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

1. Title of Derivative Security 2. Date Exercisable and 3. Title and Amount of 4. 6. Nature of Indirect 5. Securities Underlying Ownership Beneficial Ownership (Instr. 4) **Expiration Date** Conversion (Month/Day/Year) **Derivative Security** or Exercise Form of (Instr. 5) (Instr. 4) Price of Derivative Derivative Security:

#### Edgar Filing: Palash Tzvi - Form 3

Date Expiration Title Amount or Security Direct (D)

Exercisable Date Number of Shares (I)

(Instr. 5)

### **Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Palash Tzvi C/O PROTALIX BIOTHERAPEUTICS, INC. 2 SNUNIT STREET SCIENCE PARK, POB 455 CARMIEL. L3 20100	Â	Â	Chief Operating Officer	Â

## **Signatures**

/s/ Yossi
Maimon

\*\*Signature of Reporting Person

Date

#### **Explanation of Responses:**

No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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. 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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