

Akirov Alfred  
Form 4  
March 08, 2013

# FORM 4

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

OMB APPROVAL

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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 OF SECURITIES

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. Name and Address of Reporting Person \*  
Akirov Alfred

(Last) (First) (Middle)

C/O PROTALIX  
BIOTHERAPEUTICS, INC., 2  
SNUNIT STREET, SCIENCE  
PARK, POB 455

(Street)

CARMIEL, L3 20100

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol

Protalix BioTherapeutics, Inc. [PLX]

3. Date of Earliest Transaction (Month/Day/Year)

03/06/2013

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |   |                    |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|---|---|--------------------|
|                                 |                                      |  |                                | (A) or (D)  | Price   |  |   |   |                    |
|                                 |                                      |  |                                | Code  | V   | Amount   |   |   |                    |
| Common Stock                    | 03/06/2013                           |  | S                              | 2,000   | D   | \$ 5.68  | 5,084,046   | I | By Corporation (1) |
| Common Stock                    | 03/06/2013                           |  | S                              | 2,000   | D   | \$ 5.69  | 5,082,046   | I | By Corporation (1) |
| Common Stock                    | 03/06/2013                           |  | S                              | 700   | D   | \$ 5.71  | 5,081,346   | I | By Corporation (1) |



## 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).

All sales reported on this Form 4 were made by Alrov (Israel) Ltd. ("Alrov Israel") and the column in Table 1 disclosing the amount of securities beneficially owned following the reported transactions includes 686,046 shares of our common stock held by Technorov Holdings (1993) Ltd. ("Technorov"). Alrov Israel owns 100% of Al-Rov Technologies Holdings LTD, the holder of 80% of Technorov.

(1) The reporting person is the Chairman of Alrov Israel and the Chief Executive Officer of Technorov, and has the power to control their respective investment decisions. Alrov Israel is an Israeli publicly-traded company that is listed on the Tel Aviv Stock Exchange. Mr. Akirov disclaims beneficial ownership of the securities of the Issuer held by Alrov Israel and Technorov, except to the extent of his proportional pecuniary interest therein.

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.