

Protalix BioTherapeutics, Inc.
Form 3
July 17, 2008

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

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF 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 * Â Bar-Shalev Amos (Last) (First) (Middle)	2. Date of Event Requiring Statement (Month/Day/Year) 07/14/2008	3. Issuer Name and Ticker or Trading Symbol Protalix BioTherapeutics, Inc. [PLX]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)	5. If Amendment, Date Original Filed(Month/Day/Year)
-------------------------------------------------------------------------------------------	------------------------------------------------------------------------	-------------------------------------------------------------------------------------	--------------------------------------------------------------------------------	------------------------------------------------------

C/O PROTALIX
BIO THERAPEUTICS, Â 2
SNUNIT STREET, SCIENCE
PARK, POB 455

(Street)

CARMIEL, Â L3 Â 20100

(City) (State) (Zip)

Director 10% Owner
 Officer Other
(give title below) (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 Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	6,186,046	I	By corporation <u>(1)</u>

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

SEC 1473 (7-02)

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 control number.

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

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

Edgar Filing: Protalix BioTherapeutics, Inc. - Form 3

Date Exercisable	Expiration Date	(Instr. 4)	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I)
		Title			

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Bar-Shalev Amos
 C/O PROTALIX BIOTHERAPEUTICS
 2 SNUNIT STREET, SCIENCE PARK, POB 455
 CARMIEL, L3 20100

 ^ X ^ ^ ^

Signatures

/s/ Yossi Maimon, POA 07/17/2008

__Signature of Date
 Reporting Person

Explanation of Responses:

- * 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).
- All shares of Common Stock are held by Techno-Rov Holdings (1993) Ltd. Mr. Bar-Shalev disclaims beneficial ownership of the (1) securities of the Issuer held, and previously reported, by Techno-Rov Holdings, 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.