Waizer Yoav Zvi Form 4 December 08, 2017

## FORM 4

subject to

Section 16.

Form 4 or

obligations

may continue.

See Instruction

Form 5

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

Washington, D.C. 20549
Check this box
if no longer

CTEATER MENTE OF CHANGES IN DESCRIPTION ALLOW

# 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

2. Issuer Name and Ticker or Trading

Microbot Medical Inc. [MBOT]

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*\*
Waizer Yoav Zvi

Symbol

5. Relationship of Reporting Person(s) to

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

Issuer

below)

(Last) (First)

3. Date of Earliest Transaction

\_X\_\_ Director \_\_\_\_\_ 10% Owner

Officer (give title

(Check all applicable)

Other (specify

(Month/Day/Year) 12/06/2017

C/O MICROBOT MEDICAL INC., 25 RECREATION PARK DRIVE, UNIT 108

(Street)

(Middle)

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

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

HINGHAM, MA 02043

Security

(Instr. 3)

(City) (State) (Zip)

1.Title of 2. Transaction Date 2A. I

2. Transaction Date 2A. Deemed 3. 4. Securities
(Month/Day/Year) Execution Date, if TransactionAcquired (A) or any Code Disposed of (D)
(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Form: Direct Indirect
Beneficially (D) or Indirect Beneficial
Owned (I) Ownership
Following (Instr. 4) (Instr. 4)

(A) Reported
Transaction(s)

(Instr. 3 and 4)

Code V Amount (D) Price

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

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.

SEC 1474

(9-02)

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

1. Title of 2. 3. Transaction Date 3A. Deemed 4. 5. Number of 6. Date Exercisable and Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative Expiration Date

7. Title and Amount of 8

Underlying Securities

#### Edgar Filing: Waizer Yoav Zvi - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities (Month/Day/Yea Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		/Year)	(Instr. 3 and 4)		(
				Code V	(A) (D	) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 1.05	12/06/2017		A	38,095	<u>(1)</u>	12/06/2027	Common Stock, par value \$0.01 per share	38,095	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
Waizer Yoav Zvi C/O MICROBOT MEDICAL INC. 25 RECREATION PARK DRIVE, UNIT 108 HINGHAM, MA 02043	X					

## **Signatures**

/s/ Yoav Zvi 12/08/2017 Waizer \*\*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).

The options vest as follows and in accordance with the terms of the Issuer's 2017 Equity Incentive Plan: (a) on the six month anniversary of the date of grant, the option shall vest and shall become exercisable with respect to 25% of the common stock; and (b) on a quarterly **(1)** basis over the next 30 months, the option shall equally vest and become exercisable with respect to the remaining 75% of the common

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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