## Edgar Filing: Waizer Yoav Zvi - Form 4

Form 4										
January 23,						OMB A	APPROVAL			
FORM	VI 4 UNITED		RITIES AND EX Ashington, D.C. 2		COMMISSION	OMB Number:	3235-0287			
Check t if no los subject Section Form 4	nger to <b>STATEN</b> 16. or	MENT OF CHA	NGES IN BENE		Expires: Estimated	January 31, s: 2005 ated average n hours per				
Form 5 obligati may co <i>See</i> Inst 1(b).	ntinue. Section 17(	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								
(Print or Type	e Responses)									
1. Name and Address of Reporting Person <u>*</u> Waizer Yoav Zvi		Symbol	er Name <b>and</b> Ticker o pot Medical Inc. [		5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (		of Earliest Transaction	_	(Check all applicable)					
C/O MICR	ROBOT MEDICA ECREATION PA	(Month/ L 01/21/	Day/Year)		X Director Officer (give below)		% Owner her (specify			
	(Street)		endment, Date Origin onth/Day/Year)	nal	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person					
HINGHAN	M, MA 02043				Form filed by I Person	More than One R	Reporting			
(City)	(State)	(Zip) Tal	ole I - Non-Derivativ	e Securities A	cquired, Disposed o	f, or Beneficia	ally Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if any	3. 4. Secur TransactionAcquire Code Dispose (Instr. 8) (Instr. 3) Code V Amount	(A) or d of (D) , 4 and 5) (A) or	Securities I Beneficially ( Owned (	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Reminder: Re	eport on a separate line	e for each class of sec	curities beneficially ov	wned directly o	r indirectly.					
			infor requ	mation conta ired to respo lays a curren	pond to the collec ained in this form ond unless the for ttly valid OMB cor	are not m	SEC 1474 (9-02)			
	Tab		curities Acquired, D ls, warrants, options							
		saction Date 3A. De /Day/Year) Executi		5. Number ctionof Derivativ	6. Date Exercisal ve Expiration Date		The and Amount of Underlying Securities			

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	) A (. [ (. (.			(Month/Day/Year)		(Instr. 3 and 4)		Sec (In:
				Code V	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 8.6	01/21/2019		А	2	2,326		<u>(1)</u>	01/21/2029	Common Stock, par value \$0.01 per share	2,326	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
		Director	10% Owner	Officer	Other			
Waizer Yoav Zvi C/O MICROBOT MEDICA 25 RECREATION PARK I HINGHAM, MA 02043	Х							
Signatures								
/s/ Yoav Waizer	01/23/2019							
<u>**</u> Signature of Reporting Person	Date							

## **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 March 4, 2019, the option
- (1) shall vest and shall become exercisable with respect to 25% of the common stock; and (b) on a quarterly basis over the next 30 months, the option shall equally vest and become exercisable with respect to the remaining 75% of the common stock.

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.