Shaaltiel Yoseph Form 4 April 16, 2010

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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subject to Section 16. Form 4 or Form 5 obligations may continue.

See Instruction

Check this box

if no longer

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

1(b). (Print or Type Responses)

Common

Stock

04/14/2010

| 1. Name and Address of Reporting Person * Shaaltiel Yoseph | | | Symbol | 2. Issuer Name and Ticker or Trading Symbol Protalix BioTherapeutics, Inc. [PLX] 3. Date of Earliest Transaction (Month/Day/Year) 04/14/2010 | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|--|---|------------|--------------------------------------|--|--|---------------|--|--|---|--|--|
| BIOTHERA SNUNIT ST | (Last) (First) (Middle) /O PROTALIX IOTHERAPEUTICS, INC., 2 NUNIT STREET, SCIENCE ARK, POB 455 | | | | | | | X Director 10% Owner X Officer (give title Other (specify below) | | | |
| CARMIEL, | (Street) | | | ndment, Dat h/Day/Year) | U | | Applicable Line) _X_ Form filed b | Joint/Group Fili y One Reporting Poy y More than One R | erson | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | ecurities Ac | quired, Disposed | of, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ar) Execut | eemed ion Date, if n/Day/Year) | Code (Instr. 8) | 4. SecuritonAcquired Disposed (Instr. 3, | (A) or of (D) | 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) | | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

882,445

D

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

1,309

S

of

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| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transactio | 5. orNumber | 6. Date Exerc Expiration D | | 7. Title at Amount of | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|---|--------------------------------------|----------------------|------------------|---|-------------------------------|--------------------|--|-------------------------|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (monda, Day, Teal) | any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/ | | Underlyin Securities (Instr. 3 a | ng s | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | or Title Nu of | nount umber uares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|-------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Shaaltiel Yoseph C/O PROTALIX BIOTHERAPEUTICS, INC. 2 SNUNIT STREET, SCIENCE PARK, POB 455 CARMIEL, L3 20100 | X | | Executive VP, R&D | | | |

Signatures

/s/ Yossi 04/16/2010 Maimon, POA Date

**Signature of Reporting

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).
- (1) The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.

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.

Reporting Owners 2