Palash Tzvi Form 3 September 07, 2010

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

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

(Middle)

(Print or Type Responses)

1. Name and Address of Reporting

Person *

Palash Tzvi

(Last)

C/O PROTALIX

PARK, POB 455

1. Title of Security

(Instr. 4)

(First)

BIOTHERAPEUTICS, INC., Â 2 SNUNIT STREET SCIENCE

(Street)

Statement

(Month/Day/Year)

08/29/2010

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Protalix BioTherapeutics, Inc. [PLX]

> 4. Relationship of Reporting Person(s) to Issuer

Filed(Month/Day/Year)

(Check all applicable)

Director _X__ Officer

Other (give title below) (specify below) Chief Operating Officer

10% Owner

6. Individual or Joint/Group

Filing(Check Applicable Line) _X_ Form filed by One Reporting

5. If Amendment, Date Original

Person

Form filed by More than One

Reporting Person

CARMIEL, L3Â 20100

(City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form:

4. Nature of Indirect Beneficial

Ownership

(Instr. 5)

or Indirect (Instr. 5)

Direct (D)

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

SEC 1473 (7-02)

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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** (Instr. 4)

4. 5. Ownership Conversion or Exercise Form of Price of Derivative Security:

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Derivative

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Date Expiration Title Amount or Security Direct (D)

Exercisable Date Number of Shares (I)

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Palash Tzvi C/O PROTALIX BIOTHERAPEUTICS, INC. 2 SNUNIT STREET SCIENCE PARK, POB 455 CARMIEL. L3 20100	Â	Â	Chief Operating Officer	Â

Signatures

/s/ Yossi
Maimon

**Signature of Reporting Person

Date

Explanation of Responses:

No securities are beneficially owned

- * 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).

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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