FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Nashington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIF

OIVIDAFFROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					2. Issuer Name <b>and</b> Ticker or Trading Symbol  Microbot Medical Inc. [ MBOT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Gduot nater										_				X Directo	or	10% C	wner
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)								X Officer below)	(give title	Other below)	(specify
C/O MICROBOT MEDICAL INC.					00/0	08/01/2023								Chair	man, Presi	dent and CE	O
288 GR0	JVE STRE	ET, SUITE 388			4. If A	Ameı	ndment, I	Date	of Original Fi	ed (Month	n/Da	y/Year)	Line	e)	Joint/Group F	Filing (Check A	pplicable
(Street)														X Form f	iled by One F	Reporting Pers	on
BRAINTREE MA 02184														Form filed by More than One Reporting Person			
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication											
[							Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									ded to	
		Tab	le I - No	n-Deriv	ative	Sec	curities	s Ac	quired, D	isposed	d of	f, or Be	neficial	ly Owne	t		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					)   E	A. Deeme xecution any Month/Day	Date,	Code (Ins	on Dispo		ties Acquir I Of (D) (Ins		Benefici Owned I	es F ally ( Following (	6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	/ Amo	unt	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)		(Instr. 4)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Date,	4. Transaci Code (In 8)			ve es d	6. Date Exer Expiration D (Month/Day/	ate		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date		Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$2.43	08/01/2023			A		80,000		(1)	08/01/20	33	Common Stock, par value \$0.01 per share	80,000	\$0.0	80,000	D	

## **Explanation of Responses:**

1. The options vest as follows and in accordance with the terms of the Issuer's 2020 Omnibus Performance Award Plan (the "Plan"): (a) on February 1, 2024, the options 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, subject to acceleration pursuant to the terms of the Plan.

/s/ Harel Gadot

08/03/2023

\*\* Signature of Reporting Person

Date

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.