Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Washington, D	.C. 20549
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OMB APPROVAL								
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Vaknin Rachel  (Last) (First) (Middle)  C/O MICROBOT MEDICAL INC.					Issuer Name and Ticker or Trading Symbol Microbot Medical Inc. [ MBOT ]  3. Date of Earliest Transaction (Month/Day/Year) 02/22/2024							(Ch	Relationship of Reporting Person(s) to Issuer heck all applicable)  Director 10% Owner  X Officer (give title below)  Chief Financial Officer					
288 GROVE STREET, SUITE 388					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable ine)				
(Street) BRAINTREE MA 02184													X Form filed by One Reporting Person  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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								an that is intende	ed to									
		Tab	le I - Non-	Deriv	ative	e Se	curities	s Ac	quired, D	ispo	sed o	f, or Ber	neficiall	y Owned				
1. Title of Security (Instr. 3)  2. Trans Date (Month/				Date		ction 2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Ins	Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			5. Amour Securitie Beneficia Owned F Reported	s F ally (i ollowing (i	. Ownership form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	_ A	mount	ount (A) or (D)		Transact (Instr. 3 a	ion(s)		(msu. 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)	Conversion Date Execution Date, Tr		ransac Code (I	ansaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)			es J Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)				
				c	Code	v	(A)	(D)	Date Exercisable	Expi Date	iration	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$1.2684	02/22/2024			A		17,500		(1)	02/2	2/2034	Common Stock, par value \$0.01 per share	17,500	\$0	17,500	D		
Stock Option (Right to Buy)	\$1.2684	02/22/2024			A		17,500		02/22/2024	02/2.	2/2034	Common Stock, par value \$0.01 per share	17,500	\$0	17,500	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 August 22, 2024, the option 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/ Rachel Vaknin

\*\* Signature of Reporting Person

02/26/2024

Date

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

- $^{\star}$  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.