Edgar Filing: Shaaltiel Yoseph - Form 4

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Shaaltiel Y	oseph									
February 26	5, 2010									
FORM				EVOLANCI			PPROVAL			
	Washington, D.C. 20549						3235-0287			
Check t if no lor subject Section Form 4	to STATEN	TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires:January 31 2009Estimated average burden hours per response0.4			
Form 5 obligati may con <i>See</i> Inst 1(b).	ons 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 30(h) of the Investment Company Act of 1940								
(Print or Type	Responses)									
			Issuer Name and Ticl bol talix BioTherapeu	5. Relationship of Reporting Person(s) to Issuer						
(Last)	(First) (ate of Earliest Transa	_	(Cheo	ck all applicabl	e)			
	CALIX APEUTICS, 2 SN SCIENCE PARK,	02/2 IUNIT	nth/Day/Year) 25/2010		X Director X Officer (give below) Exec		% Owner ler (specify			
			Amendment, Date O d(Month/Day/Year)	riginal	Applicable Line)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
CARMIEL	., L3 20100					More than One R				
(City)	(State)	(Zip)	Table I - Non-Deriv	ative Securities A	Acquired, Disposed o	f, or Beneficia	lly Owned			
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		if TransactionAcq Code Disp ar) (Instr. 8) (Inst	(A) or	Securities I 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: Re	port on a separate line	for each class of	Code V Amo							
Remnuel. Ru	port on a separate find		securities beneficiali	y owned uncerty	or munceuy.					

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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/Year)	4. Transac Code (Instr. 8	iorDerivative Securities Acquired (A Disposed of	Acquired (A) or Disposed of (D) (Instr. 3, 4, and		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (Right to Buy)	\$ 6.9	02/25/2010		А	145,000		<u>(1)</u>	02/25/2020	Common Stock	145,000	

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Shaaltiel Yoseph C/O PROTALIX BIOTHERAPEUTICS 2 SNUNIT STREET SCIENCE PARK, POB 455 CARMIEL, L3 20100		Х	Executive VP, R&					
Signatures								
/s/ Yossi Maimon, POA	02/26/2010							

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- ** 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 quarterly, in 12 equal tranches over a three-year period, commencing upon the U.S. Food and Drug Administration's
 (1) marketing approval of taliglucerase alfa, if at all, and are subject to accelerated vesting upon a change in control as described in the Protalix BioTherapeutics, Inc., 2006 Stock Incentive Plan.
- Does not include options to purchase 50,000 shares of common stock at an exercise price equal to \$2.65 per share that expire on February (2) 25, 2019 and options to purchase 263,728 shares of common stock at an exercise price equal to \$5.00 per share that expire on February 7,
- (2) 23, 2019 and options to purchase 265,728 shares of common stock at an exercise price equal to \$5.00 per share that expire on February 7, 2018.

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.