FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| 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

| 1. Name and Address of Reporting Person* Madden Martin J. | | | 2. Issuer Name and Ticker or Trading Symbol Microbot Medical Inc. [MBOT] | | | | | | | | 5. (Cl | Relationship neck all appli X Direct | cable) | g Pers | son(s) to Issu 10% Ow | | | |
|---|--|--|---|-----------------|--|------|-------------------|-------|--|------------------|--|---|---|---|--|-----------|--|---------------------------------------|
| | CROBOT M | IEDICAL INC. | (Middle) | | 3. Dat 09/29 | | | Trans | nsaction (Month/Day/Year) | | | | | Office below | (give title | | Other (s below) | pecify |
| 25 RECREATION PARK DRIVE, UNIT 108 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | AM M | A | 02043 | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - Non- | Derivat | ive S | Secu | urities | s Ac | quired, D | ispos | ed o | f, or Be | neficia | ly Owne | I | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | | Code (Instr. 5) | | | Benefic Owned | es For ially (D) Following (I) (| | rm: Direct) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code V | An | nount | (A) or (D) | Price | Reporte Transac (Instr. 3 | ction(s) | | | Instr. 4) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Co | Transaction Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | and | 7. Title and Ame of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Cod | de V | | (A) | (D) | Date Exercisable | Expira Date | ation | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to Buy) | \$7 | 09/29/2021 | | А | | | 13,571 | | (1) | 09/29 | /2031 | Common Stock, par value \$0.01 per share | 13,571 | \$0 | 13,57 | 1 | 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: (a) on March 29, 2022, 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.

10/05/2021

** 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.