FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Name and Address of Reporting Person*     Morag Eyal	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 05/01/2020  3. Issuer Name and Ticker or Trading Symbol Microbot Medical Inc. [ MBOT ]					
(Last) (First) (Middle) C/O MICROBOT MEDICAL INC. 25 RECREATION PARK DRIVE, UNIT 108  (Street) HINGHAM, MA 02043  (City) (State) (Zip)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Chief Medical Officer		) wner (specify	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person	
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
Expiration I			3. Title and Amount of Securitic Underlying Derivative Security (Instr. 4)		Conversi or Exerci		
1. Title of Derivative Security (instr. 4)	2. Date Exerc Expiration Day/\ (Month/Day/\	ate	Underlying Derivative S		Convers	ise Form:	Ownership (Instr.

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Eyal Morag</u>

\*\* Signature of Reporting

Date

05/04/2020

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 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.

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.