FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	)VAL				
OMB Number:	3235-0287				
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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

	d Address of Yoav Zvi		2. Issuer Name <b>and</b> Ticker or Trading Symbol Microbot Medical Inc. [ MBOT ]									Check all a	pplicable) ector	ng Person(s) to Is		Owner				
	(Fir		3. Date of Earliest Transaction (Month/Day/Year) 12/04/2017										ficer (give title low)		Other (spec below)					
25 RECREATION PARK DRIVE, UNIT 108  (Street)						4. 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					
HINGHAM MA 02043														Fo	Form filed by More than One Reporting Person					
(City) (State) (Zip)																				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution D			3. Transa Code 7) 8)						nd Sec Ben Owi	mount of urities eficially ned Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	() 1)	A) or O)	Price	Trai	isaction(s) tr. 3 and 4)			(Instr. 4)				
Common	Stock	/2017	2017			P		10,000	0	A	\$ <mark>1</mark>	.1	10,000		D					
Common Stock 12/05/							2017		S		10,000	0	D	\$1.08		0		D		
		Та									sed of, onvertib				y Owne	d				
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactic Code (Inst				6. Date E Expiratio (Month/I	n Dat	Amount of			8. Price of Derivative Security (Instr. 5)	derivative Securities	Ow Fo Dir or (I)	wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Num of Shai	ber						

**Explanation of Responses:** 

/s/ Yoav Zvi Waizer

12/06/2017

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).