FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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Check this box if no longer subject to STA Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

					or S	Section	on 30(h) o	of the	Investment	Con	npany Act	of 194	40						
Name and Address of Reporting Person* Morag Eyal				2. Issuer Name and Ticker or Trading Symbol Microbot Medical Inc. [MBOT]								eck all applic Directo	son(s) to Iss	ner					
(Last)	`	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/01/2023								below)	r (give title) Chief Medical		Other (specify below) Officer		
C/O MIC	CROBOT N	MEDICAL INC.												_					
288 GR0	OVE STRE	ET, SUITE 388			4. If a	Ame	ndment,	Date	of Original F	Filed	(Month/D	ay/Yea	ar)	Line	!)			g (Check Ap	
(Street)																		orting Perso	
BRAINT	TREE M	IA	02184			Form filed by More than One I Person								n One Repoi	ting				
(City)	(9	tate)	(Zip)		Ru	Rule 10b5-1(c) Transaction Indication													
				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Tab	le I - Non	n-Deriv	ative	Sec	curities	s Ac	quired, I	Disp	osed c	of, or	Ben	eficial	ly Owned	ŀ			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date			e, Transaction Disp Code (Instr. 5)		Dispose	Securities Acquired (A isposed Of (D) (Instr. 3,			Benefici Owned F	ies Fore cially (D) Following (I) (I		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8) 5. Number of Oberivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	0 N	Amount or Number of Shares					

Explanation of Responses:

\$2,43

Stock Option (Right to

Buy)

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 February 1, 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.

(1)

/s/ Eyal Morag

Stock,

par value \$0.01

per share

08/01/2033

08/03/2023

17,500

D

** Signature of Reporting Person

17,500

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).

08/01/2023

** 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.