FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number: 3235-0										
	Estimated average burden										
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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

	of Section 30(ft) of the investment Company Act of 1940																			
Name and Address of Reporting Person* Charge Simon				2. Issuer Name and Ticker or Trading Symbol Microbot Medical Inc. [MBOT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Sharon Simon					interest interest in the party									Directo			10% Ov	· I		
(Look) (Eigh) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)								Officer below)	(give title		Other (s below)	pecify	
(Last) (First) (Middle) C/O MICROBOT MEDICAL INC.						01/26/2022							General Manager, CTO							
25 RECREATION PARK DRIVE, UNIT 108					If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)						2 alo o o o o o o o o o o o o o o o o o o								Line)						
HINGHA	AM M	A	02043											X		,	•	Ü	- 1	
,														Form filed by More than One Reporting Person					rting	
(City)	(S	tate)	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Security (Inst	r. 3)		2. Transa	ction				3.			ties Acquire							7. Nature	
Date (Month/Da					ay/Ye				Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			tr. 3, 4 a	and	Securitie Beneficia	ally	(D) or	r Indirect E	of Indirect Beneficial		
					(Month/Day/Year)			ır) 8)	7) 8)				Owned F					Ownership (Instr. 4)		
							Code	٧	Amount	(A) or (D) Pr		e	Transact (Instr. 3 a	ion(s)			` ,			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned											'									
									, option											
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution Da	4.	ransaction		5. Number		6. Date Exercis			7. Title and Amo		Derivative Security		9. Number derivative		10. Ownership	11. Nature of Indirect	
Security	or Exercise	(Month/Day/Year)	if any		ode (I		tr. Derivative		(Month/Day/Year) Underlying			g	Securities			Form:	Beneficial			
(Instr. 3) Price of (Month/Day/Year))	Securities Acquired								ty (I	Instr. 5)	Beneficially Owned			Ownership (Instr. 4)	
Security						(A) or Disposed							•					(I) (Instr. 4)	, ,	
					of (D) (Instr. 3, 4 and 5)															
						1, 1 1, 11			Т			Amou	nt							
													or Numb							
				C	ode	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	of Share							
Stock					\dashv					\top		Common		\top						
Option	\$6,48	01/26/2022			$_{\rm A}$		25,000		(1)		1/26/2032	Stock, par value	 25,00	00	\$0	25,000	, [D		
(Right to Buy)	Ψ0.40	31/20/2022					25,000		` ` `	٦	1,20,2002	\$0.01 per		~	Ψ0	25,000				
												Sildle								

Explanation of Responses:

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 July 26, 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, subject to acceleration pursuant to the terms of the Plan.

/s/ Simon Sharon

01/28/2022

** 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.