(City)

(Last)

(Street)

MALVERN

(City)

(State)

(First)

7 GREAT VALLEY PARKWAY, SUITE 190

PA

(State)

1. Name and Address of Reporting Person\*

<u>SCP Vitalife II GP, Ltd.</u>

(Zip)

(Middle)

19355-1446

(Zip)

FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden hours per response: 0.5

					S	ECURITIES				II.	er response:	0.5
						6(a) of the Securities Exchange A he Investment Company Act of 19						
	s of Reporting Person* Partners (Israel) II,	L.P. (	2. Date of Event Requiring States Month/Day/Yea 12/31/2015	ment		3. Issuer Name <b>and</b> Ticker or Trac ReWalk Robotics Ltd. [						
• • • • • • • • • • • • • • • • • • • •	irst) (Middle) EY PARKWAY, SUITE		12/01/2013			4. Relationship of Reporting Perso (Check all applicable) Director X	10% Owne	er	(Mont	h/Day/Year)	Date of Original File	
(Street)  MALVERN PA	A 19355-14	46				Officer (give title below)	Other (spe below)	cify		able Line) Form filed I	nt/Group Filing (Ch by One Reporting by More than One Person	Person
(City) (S	tate) (Zip)											
		1	Table I - Noi	n-Deri	vati	ve Securities Beneficiall	y Owned					
1. Title of Security (	Instr. 4)					Amount of Securities eneficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D)	4. Natu (Instr. !		t Beneficial Own	ership
Ordinary Shares, 1	par value NIS 0.01 per	share				418,017	D <sup>(1)(2</sup>	)				
		(e.				Securities Beneficially ( nts, options, convertible		s)				
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable an Expiration Date (Month/Day/Year)				Title and Amount of Securities derlying Derivative Security (Instr. 4)			5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expira Date	ition	Title	Amount or Number of Shares	Price of Derivation Security	tive	or Indirect (I) (Instr. 5)		
Warrants			07/14/2014	07/14/	2018	Ordinary Shares	7,488	11.	45	D <sup>(1)(2)</sup>		
	s of Reporting Person*  Partners (Israel) II,	L.P.										
(Last) 7 GREAT VALL	(First) EY PARKWAY, SUITE	(Middle)										
(Street) MALVERN	PA	19355-	1446									
(City)	(State)	(Zip)										
	s of Reporting Person*  I Associates, L.P.											
(Last) 7 GREAT VALL	(First) EY PARKWAY, SUITE	(Middle)										
(Street) MALVERN	PA	19355-	1446									

	ss of Reporting Perso L WINSTON J					
(Last)	(First)	(Middle)				
7 GREAT VALI	LEY PARKWAY, S	SUITE 190				
(Street)						
MALVERN	PA	19355-1446				
(City)	(State)	(Zip)				
	ss of Reporting Perso					
(Last)	(First)	(Middle)				
7 GREAT VALLEY PARKWAY, SUITE 109						
(Street)						
MALVERN	PA	19355-1446				

## **Explanation of Responses:**

1. The Ordinary Shares and Warrants to purchase Ordinary Shares are directly held by SCP Vitalife Partners (Israel) II, L.P. ("SCP Vitalife Israel") and indirectly held by SCP Vitalife II Associates, L.P. ("SCP Vitalife Associates"), the sole general partner of SCP Vitalife Israel, SCP Vitalife II, GP, Ltd. ("SCP Vitalife GP"), the sole general partner of SCP Vitalife Associates, and the individual directors of SCP Vitalife GP (SCP Vitalife Associates, SCP Vitalife GP and the individual directors of SCP Vitalife GP are Jeffrey Dykan, Winston J. Churchill, Abraham Ludomirski and Wayne B. Weisman.

2. The SCP Vitalife Israel Indirect Reporting Persons disclaim beneficial ownership within the meaning of Section 16 of the Securities Exchange Act of 1934, as amended, or otherwise of such portion of the SCP Vitalife Israel Ordinary Shares and Warrants in which the SCP Vitalife Israel Indirect Reporting Persons have no pecuniary interest.

/s/ Winston J. Churchill, attorney-in-fact 12/31/2015

\*\* Signature of Reporting Person D

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 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.