SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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

1. Name and Add SCP Vitalif			2. Date of Even Requiring State (Month/Day/Yea 12/31/2015	ment	3. Issuer Name <b>and</b> Ticker or Tra <u>ReWalk Robotics Ltd.</u>	ading Symbol			
(Last) (First) (Middle) 7 GREAT VALLEY PARKWAY SUITE 190					4. Relationship of Reporting Pers (Check all applicable) Director X Officer (give title below)		er i	<ul> <li>5. If Amendment, Date of Original Filed (Month/Day/Year) 12/31/2015</li> <li>6. Individual or Joint/Group Filing (Check</li> </ul>	
(Street) MALVERN	PA	19355-1446						Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person	
(City)	(State)	(Zip)		Doriv	ative Securities Beneficial				
1. Title of Security (Instr. 4)				I-Delliva	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D)   (li	. Nature of Indirect nstr. 5)	Beneficial Ownership
					ve Securities Beneficially ants, options, convertible		s)		
1. Title of Derivative Security (Instr. 4)     2.       Example     Example			2. Date Exer Expiration D (Month/Day/	cisable an ate	-	ities	4. Convers or Exerc Price of	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Date Exercisable	Expiration Date	on Title	Amount or Number of Shares	Derivativ Security	ve or Indirect		
Warrants			07/14/2014	07/14/20	18 Ordinary Shares	22,374	10.08	(1) <b>D</b> <sup>(2)(3)</sup>	
1. Name and Add <u>SCP Vitalif</u> (Last) 7 GREAT VA	Ee Partners (First)	II LP (Mide	lle)						
SUITE 190 (Street) MALVERN PA 19355			55-1446						
(City)	(State)	(Zip)							
1. Name and Add <u>SCP Vitalif</u>									
(Last) (First) (Midd 7 GREAT VALLEY PARKWAY SUITE 190		ile)							
(Street) MALVERN PA 19355		55-1446							
(City)	City) (State) (Zip)								
1. Name and Add SCP Vitalif									
(Last) (First) (Middl 7 GREAT VALLEY PARKWAY SUITE 190		dle)							
(Street) MALVERN	PA	193	55-1446						

(City)	(State)	(Zip)
	ss of Reporting Person <sup>*</sup> L WINSTON J	
(Last)	(First)	(Middle)
7 GREAT VAL	LEY PARKWAY	
SUITE 190		
(Street)		
MALVERN	PA	19355-1446
(City)	(State)	(Zip)
	ss of Reporting Person <sup>*</sup> <u>KI ABRAHAM</u>	
(Last)	(First)	(Middle)
7 GREAT VAL	LEY PARKWAY	
SUITE 190		
(Street)		
MALVERN	PA	19355-1446
(City)	(State)	(Zip)

## Explanation of Responses:

1. The Reporting Person is amending the Form 3 filed on December 31, 2015 to reflect the fact that the exercise price of the Warrants is \$10.08, and not \$11.45 as originally reported.

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

3. The SCP Vitalife 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 Warrants in which the SCP Vitalife Indirect Reporting Persons have no pecuniary interest.

/s/ Winston J. Churchill,						
attorney-in-fact						

\*\* Signature of Reporting Person

04/20/2016 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.