FORM 4

## **UNITED STATES SECUF**

Washington, D.C. 20549

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OIVID APPROVAL										
OMB Number:	3235-0287									
Estimated average bu	ırden									
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). Si	ee Instruction 1	0.																	
Name and Address of Reporting Person*     Swinford Michael						2. Issuer Name and Ticker or Trading Symbol Lifeward Ltd. [ LFWD ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SWIIIIO	iu micha	<u>01</u>												1	Director			10% O	wner
(Last) (First) (Middle) C/O LIFEWARD LTD.					3. Date of Earliest Transaction (Month/Day/Year) 11/22/2024									Office below	er (give title v)		Other (: below)	specify	
200 DOI	<u> </u>																		
					4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing Line)								ig (Check A	pplicable					
(Street)														<b>V</b>	Form	filed by One	e Rep	ortina Pers	on
MARLBOROUGH MA 01752														Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Žip)																
		Table	I - N	Ion-Deriva	tive \$	Secur	rities	Ac	quire	d, Di	sposed of	, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye					Execution Date,		´	3. Transaction Code (Instr. 8)  4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4)				and 5) Secur Benef Owne		cially I Following	Form (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) or (D)	Price		Transa	eported ransaction(s) nstr. 3 and 4)			(Instr. 4)
Ordinary Shares, par value NIS 1.75 per share 11/22/202					24				P		16,907	A	\$1.827	3276 <sup>(1)</sup> 43,418 D			D		
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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any					Transaction of Code (Instr. Derivative		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)			Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exer	e rcisable	Expiration Date	Title	Amount or Number of Shares								

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$1.79 to \$1.87. The Reporting Person undertakes to provide Lifeward Ltd. (the "Company"), any security holder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

> /s/ Almog Adar, as Attorneyin-Fact for Michael Swinford

11/26/2024

\*\* 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.