FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

			,	 
Washington	DC 2	20549		

**OMB APPROVAL** 3235-0287 Estimated average burden

0.5

hours per response:

	Check this box if no longer subject to
1	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

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

	ee Instruction 1																			
Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol Lifeward Ltd. [ LFWD ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Swinford Michael				1	Enterward Ett. [ Erwb ]							1	Direc	Director		10% Ov	wner			
(Last)	ast) (First) (Middle) /O LIFEWARD LTD.					3. Date of Earliest Transaction (Month/Day/Year) 11/25/2024									Office	er (give title v)		Other (s below)	specify	
	NALD LYN																			
200 DOI	TILD LIIV	CH BLVB.			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														V	Form filed by One Reporting Person					
MARLBOROUGH MA 01752													Form filed by More than One Reporting Person							
(City)	(Sta	ate) (Z	<u>Z</u> ip)																	
		Table	I - N	Ion-Deriva	tive	Secu	rities	Acc	quire	d, Dis	sposed of	, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			Execution Da		ion Dat	Code (Instr		ction	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			i 5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Ī	Code V		Amount	(A) or (D)	Price			saction(s) er. 3 and 4)			(Instr. 4)		
Ordinary Shares, par value NIS 1.75 per share 11/25/20			11/25/20	24				P		21,622	A	\$2.02	65,040			D				
		Tal	ole I	l - Derivati (e.g., pι							osed of, convertib				)wne	d		,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Exec if an	3A. Deemed Execution Date, f any Month/Day/Year)		action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expir	ite Exerc ration D ith/Day/		Amount of		Deri Sec	grice of vative urity (r. 5) 9. Number Securities Beneficial Owned Following Reported Transactio (Instr. 4)		Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	cisable	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 \$1.95 to \$2.07. 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

11/27/2024

\*\* 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.