FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	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).

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

Name and Address of Reporting Person* Lynch Jeannine						2. Issuer Name and Ticker or Trading Symbol ReWalk Robotics Ltd. [RWLK]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last)	(Fir	rst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023								X	belov	Officer (give title below) VP of Market A		below)	·	
3 HATNUFA ST., P.O. BOX 161						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) YOKNE ILIT	AM L3	2	06922	203										X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	ecur	ities	Acc	uired,	Dis	posed of	, or	Benef	ficially	/ Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,		ate,	Transaction Disposed (Code (Instr. 5)			es Acquired (A) o Of (D) (Instr. 3, 4		4 and Secur Benef Owner Follow		cially I ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (D) or) Pr	rice	Report Transa (Instr.	orted saction(s) r. 3 and 4)			
Ordinary Shares, par value NIS 0.25 per share 06/30/20						.023			A	137,500		1)	A \$	\$0.00	40	400,000		I	ESOP
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)	ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			ution Date,	4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr and 5	vative rities pired r osed)	6. Date Expirati (Month/	ion Da	'ear) Securiti Underly Derivati Security		unt of rities erlying vative	Der Sec (Ins	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amour or Number of Shares	er					

Explanation of Responses:

1. Represents 137,500 ordinary shares, par value NIS 0.25 per share, issuable upon the vesting of restricted stock units ("RSUs") granted on June 30, 2023 (the "Grant Date") under the ReWalk Robotics Ltd. (the "Company") Amended and Restated 2014 Incentive Compensation Plan. The RSUs vest ratably in four equal annual installments commencing as of the Grant Date.

Remarks

The Reporting Person has entered into an automatic sell-to-cover arrangement with the Company, pursuant to the terms of the Company's RSU grant agreement, dated as of the Grant Date, by and between the Company and the Reporting Person, with respect to the payment of taxes upon vesting of the RSUs.

/s/ Jeannine Lynch 07/03/2023

** 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.