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 Address of Reporting Person*  Levy Hadar  08/0		atement Year)	3. Issuer Name and Ticker or Trading Symbol ReWalk Robotics Ltd. [ RWLK ]						
(Last) (First) (Middle) C/O REWALK ROBOTICS LTD. 3 HATNUFA ST., P.O. BOX 161  (Street) YOKNEAM ILIT L3  (City) (State) (Zip)		- 1	4. Relationship of Reporting Issuer (Check all applicable)  X Director Officer (give title below)	10% C	wner (specify	Filed 6. Inc	(Month/Day/ dividual or Jo ck Applicable Form filed I Person	int/Group Filing e Line) by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr. )			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
I. Title of Derivative Security (Instr. 4)  2. Date Exercisable ar Expiration Date (Month/Day/Year)			Underlying Derivative Security Converse (Instr. 4)		4. Convers	rcise Fori	5. Ownership	Ownership (Instr.	
				curry	or Exerc	cise	Form: Direct (D)	Ownership (Instr. 5)	

## Explanation of Responses:

## Remarks:

This Form is being filed late due to an administrative delay in obtaining the reporting person's filing codes.

No securities are beneficially owned.

/s/ Hadar Levy

08/24/2022

\*\* Signature of Reporting

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.