

(Print or Type Responses)

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |
|--------------------------|-----------|--|--|--|
| OMB Number:              | 3235-0104 |  |  |  |
| Estimated average burden |           |  |  |  |
| nours per response       |           |  |  |  |

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

3. Issuer Name and Ticker or Trading Symbol

2. Date of Event Requiring

| Name and Address of Reporting Person *     Greig Russell   | Statement (                       | 2. Date of Event Requiring Statement (Month/Day/Year)  10/29/2019 |  | 3. Issuer Name and Ticker or Trading Symbol BiomX Inc. [PHGE] |  |   |  |  |
|--|-----------------------------------|---|--|---|--|---|--|--|
| (Last) (First) (Middle)<br>C/O BIOMX LTD., 7 PINHAS SAPIR<br>ST., FLOOR 2  |                                   |   |  | 4. Relationship of Issuer (Check X Director                   | Reporting Person<br>all applicable)    | Filed(Mon   | 5. If Amendment, Date Original Filed(Month/Day/Year)   |  |
| (Street) NESS ZIONA, L3 7414002  |                                   |   |  | Officer (give title below) Other (specif                      |  | 6. Individ<br>Applicable I<br>_X_ Form fi                 | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |  |
| (City) (State) (Zip)   |                                   | Table I - Non-Derivative Securities Beneficially Owned            |  |   |  |   |  |  |
| 1. Title of Security (Instr. 4)  |                                   | Ber   | Amount of Seneficially Ownstr. 4)                | ned   |  | 4. Nature of Indire (Instr. 5)                            | ct Beneficial Ownership  |  |
| Reminder: Report on a separate line for each class and the separate line for each cla | ond to the coll<br>splays a curre | ection o  | of information                                   | on contained in t   |  | ·   |  |  |
| 1. Title of Derivative Security (Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year)   |                                   | Date  | 3. Title and A Securities Ur Security (Instr. 4) | Amount of<br>aderlying Derivativ                              | or Exercise For Price of Derivative Se | 5. Ownership<br>Form of<br>Derivative<br>Security: Direct | 6. Nature of Indirect Beneficial<br>Ownership<br>(Instr. 5)  |  |
|  | Date Exercisable Da               | xpiration<br>ate  | Title Amour<br>Shares                            | nt or Number of   | Security                               | (D) or Indirect<br>(I)<br>(Instr. 5)                      |  |  |
|  |                                   |   |  |   |  |   |  |  |

## **Reporting Owners**

|  | Relationships |              |         |       |  |
|--|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address   | Director      | 10%<br>Owner | Officer | Other |  |
| Greig Russell<br>C/O BIOMX LTD.<br>7 PINHAS SAPIR ST., FLOOR 2<br>NESS ZIONA, L3 7414002 | X             |              |         |       |  |

# **Signatures**

| /s/ Russell Greig               | 11/04/2019 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date       |

## **Explanation of Responses:**

### No securities are beneficially owned

- 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.