Edgar Filing: Ambrogi Michael J. - Form 4

Form 4	chael J.									
March 01, 20)19									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						OMMISSION	OMB APPROVAL			
	UNITED		ashington			INGE C	UNIMISSION	OMB Number:	3235-0287	
Check the if no long			NORG		TOT .			Expires:	January 31, 2005	
subject to Section 16. SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. SECURITIES							Estimated a burden hou response	average ours per		
(Print or Type F	Responses)									
Ambrogi Michael J. Sy			2. Issuer Name and Ticker or Trading Symbol NovoCure Ltd [NVCR]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M	Middle) 3. Date	3. Date of Earliest Transaction				(Check all applicable)			
(Mon			Ionth/Day/Year) 2/27/2019				Director 10% Owner X_ Officer (give title Other (specify below) below) Chief Operating Officer			
	(Street)		4. If Amendment, Da Filed(Month/Day/Year				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
MALVERN	, PA 19355						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip) Ta	able I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	itle of 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if		Code	4. Securi on(A) or Di (Instr. 3,	ispose	d of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
a 11			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Ordinary Shares	02/27/2019		М	6,174	А		171,702	D		
Ordinary Shares	02/28/2019		S	2,397	D	\$ 53.68 (1)	169,305	D		

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

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 control number.

Edgar Filing: Ambrogi Michael J. - Form 4

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. F Der Sec (Ins
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 0	02/27/2019		М	6,174	02/27/2019	(2)	Ordinary Shares	6,174	

Reporting Owners

Reporting Owner Name / Address	Relationships					
r g g g g g g g g g g g g g g g g g g g	Director	10% Owner	Officer	Other		
Ambrogi Michael J. C/O NOVOCURE INC. 20 VALLEY STREAM PARKWAY, SUITE 300 MALVERN, PA 19355			Chief Operating Officer			
Signatures						
/s/ Kimberly Burke, Attorney in fact for Michael J. Ambrogi		03/01/2019				
<u>**</u> Signature of Reporting Person		Dat	e			

Explanation of Responses:

* 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).

Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the vesting of the Restricted Stock Units listed in Table II. This sale is mandated by the Issuer's award agreement under its equity incentive

vesting of the Restricted stock offits fisted in Fabre II. This safe is mandated by the issuer's award agreement under its equity incentive plans to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.

(2) Fully vested as of the date hereof.

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.