SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-0104 OMB Number:

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** SECURITIES

Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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Harel Insurance Co LTD		of Event g Statement Day/Year) 2020	3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Ayala Pharmaceuticals, Inc.</u> [ AYLA ]							
(Last) (First) (Middle) 3 ABA HILLEL ROAD STREET		-	4. Relationship of Reporting P Issuer (Check all applicable)		Person(s) to		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) RAMAT L3 52118 GAN			Director Officer (give title below)	Х	10% Ov Other (: below)			eck Applicable Form filed b Person	by One Reporting	
(City) (State) (Zip)										
	Table I - N	on-Deriva	tive Securities Bene	efici	ially Ov	vned				
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Ins 4)		3. Owne Form: D (D) or In (I) (Instr.	irect direct	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, par value \$0.01 per	r share		1,094,385 <sup>(1)</sup>		I		See f	cootnote <sup>(2)</sup>		
(1			e Securities Benefi ants, options, conve							
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)			4. Conversion or Exercise Price of		5. Ownership Form:	6. Nature of Indirect Beneficial	
	Date Exercisable	Expiration Date	Title	Nu	nount or mber of ares	Derivat Securit	ve or Indirect		Ownership (Instr. 5)	
Series A Preferred Stock, par value \$0.01 per share	(3)	(3)	Common Stock	30	7,692(1)	(3)		Ι	See footnote <sup>(2)</sup>	
Series B Preferred Stock, par value \$0.01 per share	(3)	(3)	Common Stock	21	1,757 <sup>(1)</sup>	(3)		Ι	See footnote <sup>(2)</sup>	
1. Name and Address of Reporting Person Harel Insurance Co LTD	1*									
(Last) (First) 3 ABA HILLEL ROAD STREET	(Middle)									
(Street) RAMAT GAN L3	52118									
(City) (State)	(Zip)									
1. Name and Address of Reporting Persor <u>Harel Insurance Investments</u> <u>Services Ltd.</u>		al								
(Last) (First) 3 ABA HILLEL ROAD STREET	(Middle)									
(Street) RAMAT GAN L3	52118									
		1								

(City)	(State)	(Zip)	
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## Explanation of Responses:

1. Share numbers in this Statement give effect to the reverse split of each share of the Issuer's Common Stock into 0.5 shares of Common Stock, which will be effective for the shares of Series A Preferred Stock and Series B Preferred Stock (together, the "Preferred Stock") upon their conversion into Common Stock upon the closing of the Issuer's initial public offering.

2. All of the shares of Common Stock and Preferred Stock reported in this Statement are directly held by Harel Insurance Company Ltd. ("Harel Insurance"), a wholly owned subsidiary of Harel Insurance Investments & Financial Services Ltd. ("Harel Holdings"), for Harel Insurance's own account. While Harel Insurance operates under independent management and makes independent voting and investment decisions, Harel Holdings may be deemed, by virtue of its ownership of Harel Insurance, to both beneficially own and have a pecuniary interest in all shares presently directly owned by Harel Insurance.

3. The Preferred Stock have no expiration date and are convertible at any time at the election of the holder without payment of further consideration. Each share of Preferred Stock will automatically convert into one share of Common Stock upon the closing of the Issuer's initial public offering.

 

 HAREL INSURANCE

 COMPANY LTD. BY: /s/

 Uri Rabinovitz, Vice

 President

 HAREL INSURANCE

 INVESTMENTS AND

 FINANCIAL SERVICES

 UTD. BY: /s/ Uri

 Rabinovitz, Vice President

 \*\* 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 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.