

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

## STATEMENT OF CHANGES IN 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

Name and Address of Reporting Person *				2.	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Longsworth Todd Christopher				No	NovoCure Ltd [ NVCR ]							Dimeter		10	0/ 0	
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							Director10% Owner  X Officer (give title below) Other (specify below)				
C/O NOVOCURE INC., 20 VALLEY STREAM PARKWAY, SUITE 300					2/22/2019							General Counsel				
	(Stre	eet)		4.	If An	nendn	ent, Date	Orig	ginal Fi	led (MM	/DD/YYYY)	6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)
MALVERN,	PA 1935		)									X Form filed l		rting Person One Reporting F	erson	
			•	lon-Dei	rivati	ive Se	curities A	cqui	ired, D	isposed	of, or Ben	eficially Own	ed			
1. Title of Security (Instr. 3)			E	e 2A. Deemed Execution Date, if any		3. Trans. Co. (Instr. 8)	de	Dispose		. ,	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. 7. Nature Ownership of Indirect Form: Beneficial Direct (D) Ownership		
							Code	V	Amount	(A) or (D)	Price					(Instr. 4)
Ordinary Shares 2/22/2019				2019	M 21667 A \$53.38 42972			D								
Ordinary Shares 2/25/2019				2019			S		9325	D	\$53.628 (1)	33647			D	
	Tab	le II - Deri	vative Sec	urities l	Bene	ficiall	y Owned	( e.g	, puts	s, calls,	warrants,	options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date		7. Title and Securities U Derivative S (Instr. 3 and	Inderlying Security		9. Number of derivative Securities Beneficially Owned Following	Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Dat Exe	te ercisable	Expiratio Date	n Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	
Restricted Stock Units	\$0.00	2/22/2019		M			21667	2/2	2/2019	<u>(2)</u>	Ordinary Shares	21667	\$0.00	21666	D	

## **Explanation of Responses:**

- (1) 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 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.

**Reporting Owners** 

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Longsworth Todd Christopher C/O NOVOCURE INC. 20 VALLEY STREAM PARKWAY, SUITE 300 MALVERN, PA 19355			General Counsel			

## **Signatures**

/s/ Todd Longsworth 2/26/2019

\*\*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 control number.