

[] 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

| 1. 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) | | | | | | |
|---|---|---------------------|----------------|-------------------------------------|---|---|---|-----------------|-----|-------------------|---|---|---------------------|---------------------------------------|---|--|---|--|
| DOYLE WILLIAM F | | | | | N | NovoCure Ltd [NVCR] | | | | | | | | | | | | |
| (Last) (First) (Middle) | | | | 3. | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | X Director 10% Owner | | | | | | |
| | | | | | | | | | | | | X Officer (give title below) Other (specify below) | | | | | | |
| C/O NOVOCURE INC.,, 20 VALLEY | | | | | | 5/29/2019 | | | | | | Executive Ch | airman | | | | | |
| STREAM PARKWAY, SUITE 300 | | | | | | | | | | | | | | | | | | |
| (Street) | | | | 4. | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| MALVERN, PA 19355 (City) (State) (Zip) | | | | | | | | | | | | X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | | Tabl | le I - No | n-De | rivati | ve Sec | urities A | cqu | ired, Di | isposed | of, or | Ben | neficially Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Trans. Dat | | |] | Execution Date, if any 3. Trans. Co | | | de | Disposed of (D) | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | 6. 7. Nature Ownership Form: Beneficial | | | |
| | | | | | | | | Code | V | Amount | (A) or (D) | Price | ÷ | | | | | Ownership (Instr. 4) |
| Ordinary Shares 5/29/2019 | | | 19 | | | S | | 1900 | D | \$53.095 | (1) | 1 | 894563 | | | | | |
| | 2. Conversion or Exercise Price of | 3. Trans. 3. Date E | 3A. D Execu | | | Code | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) | | 6. | | | | tle and rities v | d Amount of Underlying Security | 8. Price of Security (Instr. 5) | 9. Number of derivative Securities Beneficially | Ownership Form of Derivative | 11. Nature of Indirect Beneficial Ownership |
| | Derivative Security | | | | Code | v | (Instr. 3, | 4 and 5) (D) | | ate xercisable | Expiration Date | on Title | Amo | ount or Number of res | | Owned Following Reported Transaction(s) (Instr. 4) | Security: Direct (D) or Indirect (I) (Instr. 4) | (Instr. 4) |

Explanation of Responses:

(1) On May 29, 2019, Mr. Doyle sold 1,900 shares in multiple trades at prices ranging from \$53.00 to \$53.24. The price reported above reflects the weighted average sale price. Mr. Doyle hereby undertakes to provide to the Staff, the issuer or any security holder of the issuer, upon request, full information regarding the number of shares and prices at which the transaction was effected.

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|--------------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| DOYLE WILLIAM F C/O NOVOCURE INC., 20 VALLEY STREAM PARKWAY, SUITE 300 MALVERN, PA 19355 | X | | Executive Chairman | | | |

Signatures

| By: /s/ Todd Longsworth, Attorney in fact for William F. Doyle | 5/31/201 |
|--|----------|
| **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.