

ORTHODONTIX INC
Form 3/A
January 12, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â H SIAO JANE PH D		(Month/Day/Year)	ORTHODONTIX INC [ORTX.OB]	
(Last)	(First)	01/12/2007		
4400 BISCAYNE BLVD			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	12/31/2006
MIAMI,Â FLÂ 33137-3227			<input checked="" type="checkbox"/> Director	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)		<input type="checkbox"/> 10% Owner	<input checked="" type="checkbox"/> Form filed by One Reporting Person
	(Zip)		<input type="checkbox"/> Officer	<input type="checkbox"/> Form filed by More than One Reporting Person
			<input type="checkbox"/> Other (specify below)	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock ⁽¹⁾	875,705 ⁽²⁾	D	Â

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

SEC 1473 (7-02)

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.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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 Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title	Amount or Number of		

				Shares		(I) (Instr. 5)	
Warrants ⁽¹⁾	12/31/2006	01/31/2007	Common Stock	258,355	\$ 1.376	D	Â
Stock Options (Right to Buy) ⁽¹⁾	Â ⁽³⁾	12/31/2016	Common Stock	387,542	\$ 16.7	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HSIAO JANE PH D 4400 BISCAYNE BLVD MIAMI, FL 33137-3227	Â X	Â	Â	Â

Signatures

/s/ Jane Hsiao,
Ph.D

01/12/2007

**Signature of
Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) The share amounts reflect the Reporting Person's holdings after a 1:10 reverse stock split, which was effective in December 2006.
- (2) Received in exchange for 14,371 ordinary shares of Protalix Ltd. in connection with the merger of Protalix Acquisition Co. Ltd., a wholly-owned subsidiary of the Company, with and into Protalix Lt.d and the resulting acquisition of Protalix Ltd. by the Company.
- (3) 20% of such options vest sixth months after the Company's Common Stock begins trading on the American Stock Exchange, and an additional 20% of such options vest on the first day of each six month period thereafter such that all options shall be fully vested on the 30th month after the Company's Common Stock begins trading on the American Stock Exchange.

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.