Yossi Maimon

January 05, 2007

Form 3

FORM	I S UN	ITED STAT		ES SECURITIES AND EXCHANGE COMMISSION			ON	OMB APPROVAL			
			Washington, D.C. 20549						OMB Number:	3235-0104	
INITIAL STATEMEN				NT OF BENEFICIAL OWNERSHIP OF				Expires:	January 31		
		on 17(a) of	SI to Section 16(a) the Public Utilit O(h) of the Inves	y Holdiı	Securities Ex 1g Company	Act of 193			Estimated a burden hou response	rs per	
(Print or Type F	(esponses)										
1. Name and Address of Reporting Person <u>*</u> Yossi Maimon			2. Date of Event RequiringStatement(Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol ORTHODONTIX INC [ORTX]						
(Last)	(First)	(Middle)	12/31/2006				5. If Amendment, Date Original Filed(Month/Day/Year)				
C/O ORTHO SNUTIT ST POB 455						all applicable)					
	(Street)				(give title below) (specify below) VP. Chief Einancial Officer			Filing(ndividual or Joint/Group ng(Check Applicable Line) Form filed by One Reporting		
CARMIEL,	ISRAELÂ	21000					I -	Person For	m filed by Mon ng Person		
(City)	(State)	(Zip)	Tal	Table I - Non-Derivative Securities Beneficially Owned							
1.Title of Secu (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)					ship	ndirect Benef	icial	
Reminder: Repowned directly	-		ch class of securitie	s benefici	ally SI	EC 1473 (7-02	2)				
	inforı requi	nation conta red to respo	pond to the colle ained in this form nd unless the for MB control numb	are not rm displa	ays a						
Т	able II - De	rivative Secu	rities Beneficially ()wned (e.	g., puts, calls,	warrants, opt	tions, coi	nvertil	ble securities	;)	
1. Title of Deri (Instr. 4)	vative Secur		te Exercisable and ration Date		and Amount of es Underlying	4. Conversio	5. on Ow	nershij		e of Indirect al Ownership	

Derivative Security			3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D)	

Edgar Filing: Yossi Maimon - Form 3

Shares	or Indirect
	(I)
	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director 10% Owner Officer		Officer	Other			
Yossi Maimon C/O ORTHODONTIX, 2 SNUTIT ST SCIENCE PARK, POB 455 CARMIEL, ISRAELÂ 21000	Â	Â	VP, Chief Financial Officer	Â			
Signatures							
David Aviezer, Power of Attorney	01/04/200	7					
**Signature of Reporting Person	Date						
Explanation of Respo	nses:						

No securities are beneficially owned

- * 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. 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.