FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number:

1. Name and Address of Reporting Person^{\star}

C/O SABBY MANAGEMENT, LLC 10 MOUNTAINVIEW ROAD, SUITE 205

(Last)

Sabby Healthcare Volatility Master Fund, Ltd.

(Middle)

(First)

obligati لـــــ	ions may conti tion 1(b).			File							urities Exchan Company Act		of 1934		- 11	nours per	-		0.5
1. Name and Address of Reporting Person* SABBY MANAGEMENT, LLC					2. Issuer Name and Ticker or Trading Symbol Celsus Therapeutics Plc. [CLTX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify				wner		
(Last) (First) (Middle) 10 MOUNTAINVIEW ROAD SUITE 205					3. Date of Earliest Transaction (Month/Day/Year) 03/25/2014								belo		uue		elow)	вреспу	
(Street) UPPER SADDLE NJ 07458 RIVER (City) (State) (Zip)				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person											on .			
(Oily)		•		Non-Deriv	ative	- Se	curitie		cauire	-d [Disposed o	of or F	Renefic	rially Own	ed he				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				on	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or		d (A) or	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	Transactio (Instr. 3 an				(insu	. 4)
Common Stock 03/25/202)14	.4		P		303	A	\$6.9	642,8	344	I		See Foot	See Footnotes ⁽¹⁾⁽²⁾		
Common Stock 03/26/201)14	.4					900	A	\$6.86	643,7	'44]	[See Footnotes ⁽¹⁾		
Common Stock 03/26/201)14	.4					13,300	A	\$6.65	657,0)44	I		See Footnotes ⁽¹⁾⁽²⁾		
Common	Stock			03/27/20					P		1,700	A	\$6.61]	Į.	See Foot	tnotes ⁽¹⁾⁽²⁾
		Та	able I								posed of, , convertib								
1. Title of Derivative Security (Instr. 3) Price of Derivative Security		3. Transaction Date (Month/Day/Year)	Execu	Execution Date, if any		1. Transaction Code (Instr. 3)				ation	ercisable and Date //Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration e Date	Title	Amount or Number of Shares						
		Reporting Person*	<u>LC</u>																
(Last) 10 MOU SUITE 2	NTAINVII 05	(First)	(I	Middle)		_													
(Street) UPPER S RIVER	SADDLE	NJ	C	07458															
(City)		(State)	(Zip)															

(Street) UPPER SADDLE RIVER	NJ	07458						
(City)	(State)	(Zip)						
Name and Address of Reporting Person* Mintz Hal								
(Last)	(First)	(Middle)						
C/O SABBY MANAGEMENT, LLC								
10 MOUNTAINVIEW ROAD, SUITE 205								
(Street) UPPER SADDLE RIVER	NJ	07458						
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. This Form 4 is being filed by Sabby Healthcare Volatility Master Fund, Ltd. ("SHVMF"), Sabby Management, LLC ("Advisor") and Hal Mintz. The Advisor is the investment manager of SHVMF. Mr. Mintz is the manager of the Advisor.
- 2. The amounts reported herein reflect the entire amount of Issuer's securities held by SHVMF as of each transaction date. Each of the Advisor and Mr. Mintz disclaims, for purposes of Section 16 of the Securities Exchange Act of 1934 ("Section 16"), beneficial ownership of such securities, except to the extent of his/its indirect pecuniary interest therein, and this report shall not be deemed an admission that either the Advisor or Mr. Mintz is the beneficial owner of such securities for purposes of Section 16 or otherwise.

/s/ Robert Grundstein, COO and General Counsel of Sabby 03/27/2014 Management, LLC

** 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 Number.