SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 6-K

REPORT OF FOREIGN PRIVATE ISSUER

Pursuant to Rule 13a-16 or 15d-16 of the
Securities Exchange Act of 1934

For the month of July 2022

Commission File Number: 001-36349

MediWound Ltd.
(Translation of registrant's name into English)

42 Hayarkon Street
Yavne, 8122745 Israel
(Address of principal executive offices)

Indicate by check mark whether the registrant files or will file annual reports under cover Form 20-F or Form 40-F.

Form 20-F ☒ Form 40-F ☐

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(1): __

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(7): __

INFORMATION CONTAINED IN THIS REPORT ON FORM 6-K

On July 12, 2022, MediWound Ltd. (the "Company") presented certain market research during a KOL event and made available the presentation on its website. A copy of the presentation is attached hereto as Exhibit 99.1. The fact that the presentation is being made available and furnished herewith is not an admission as to the materiality of any information contained in the presentation. The information contained in the presentation is being provided as of July 12, 2022 and the Company does not undertake any obligation to update the presentation in the future or to update forward-looking statements to reflect subsequent actual results.

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

MEDIWOUND LTD.

Date: July 12, 2022

By: /s/ Boaz Gur-Lavie
Name: Boaz Gur-Lavie
Title: Chief Financial Officer

EXHIBIT INDEX

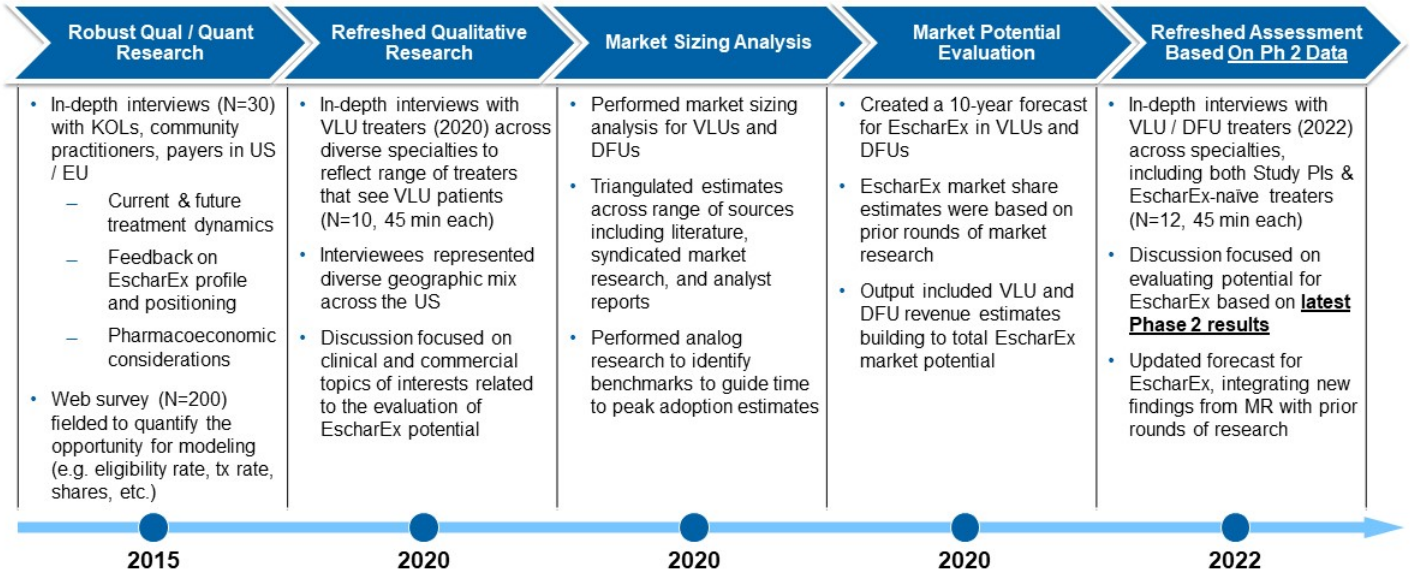
The following exhibit is filed as part of this Form 6-K:

Exhibit	Description
99.1	Presentation from KOL event entitled "Market Landscape Analysis & EscharEx Market Potential" dated July 2022

Exhibit 99.1


MediWound
Market Landscape Analysis
& EscharEx Market Potential
Kevin Feng
Oliver Wyman
OliverWyman

Market Research Has Been Comprehensive



Comprehensive and step-wise evaluation of EscharEx Potential based on latest clinical development plan & data

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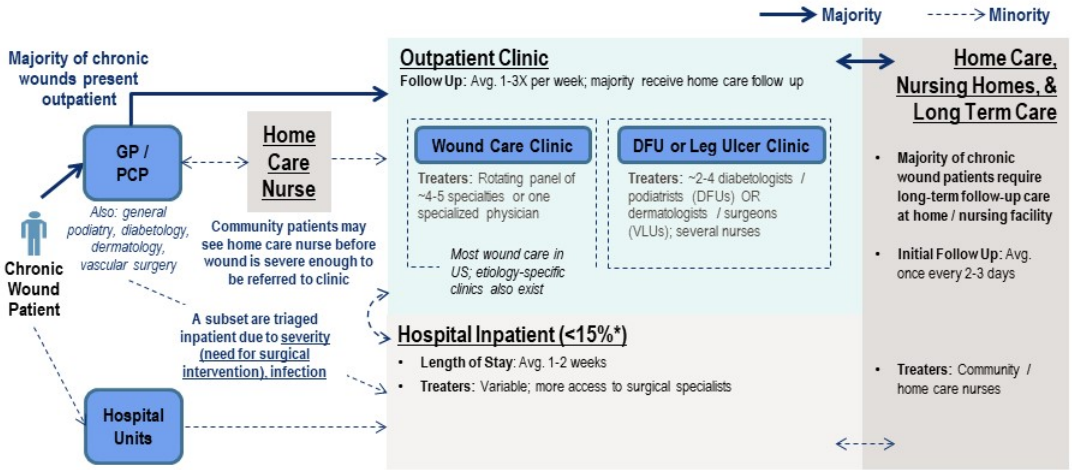
Chronic Wound Patient Journey: Key Sites of Care



Most chronic wounds in the U.S. are treated outpatient with follow-up visits 1-3x per week

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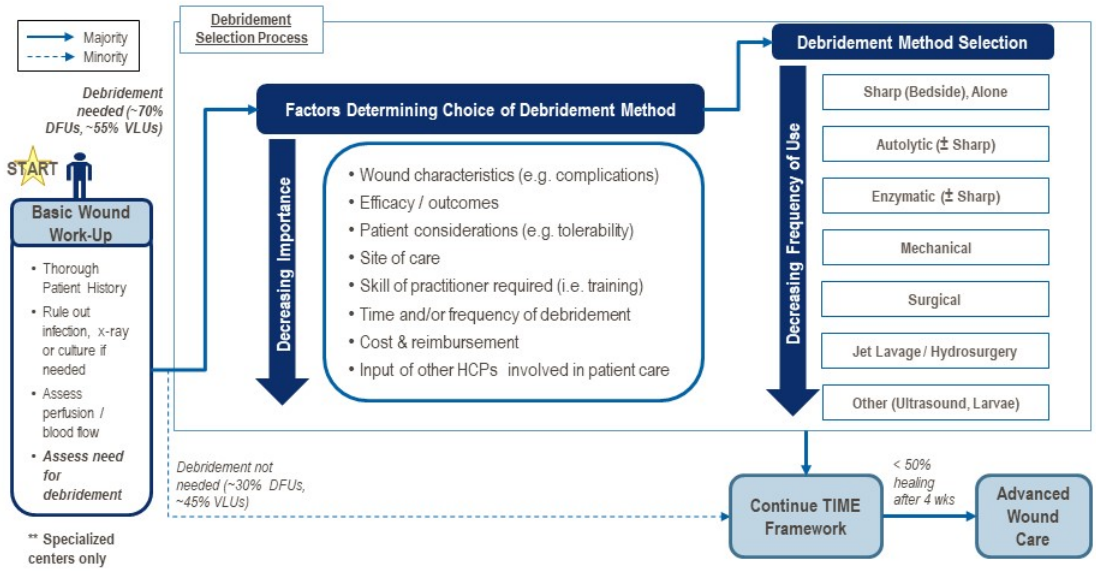
*15% present in academic setting w/ more complex wounds; overall % inpatient likely lower

Debridement is SOC, But Method Is Not Standardized



Wound characteristics, efficacy, and patient considerations are top influencers of choice

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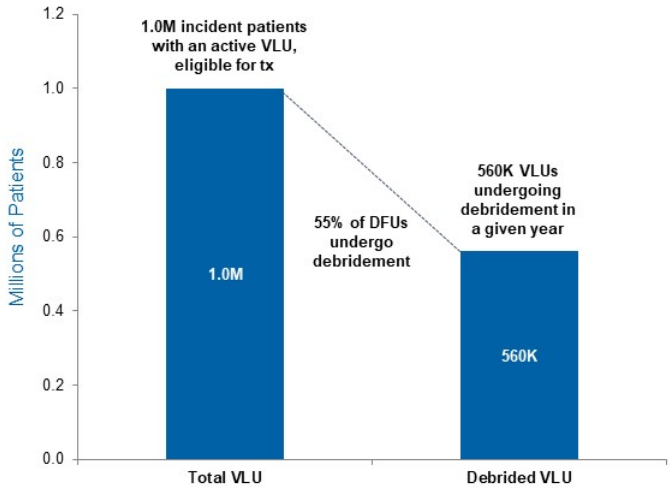
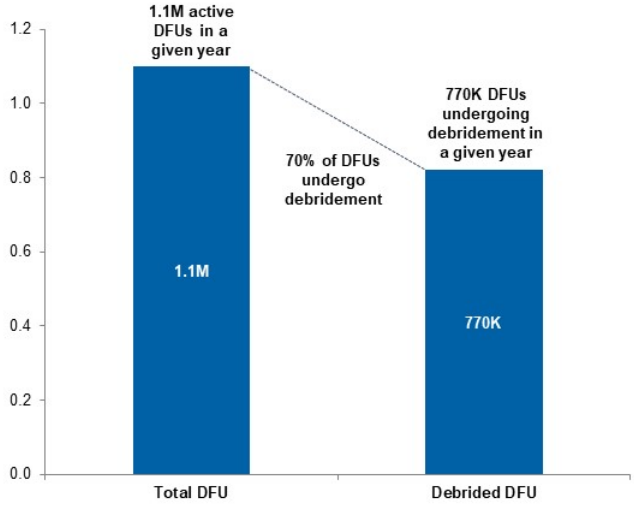
Triangulation Indicates 1M VLUs and 1.1M DFUs Annually Eligible for Debridement

2022 US VLU Epidemiology Estimate



2022 US DFU Epidemiology Estimate



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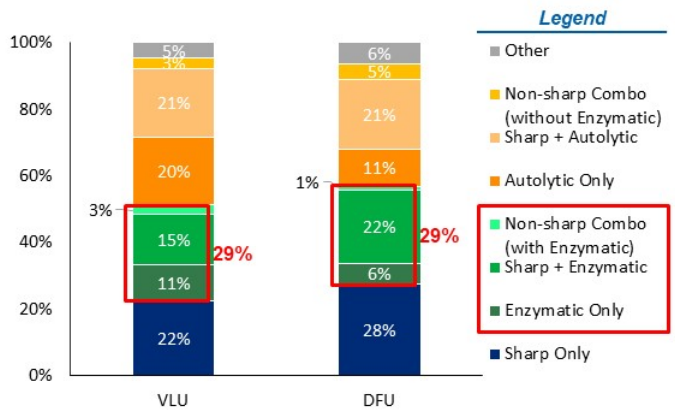
VLU Debridement Approach Driven By Site Of Care; Sharp Remains SoC Across Wound Care Clinics

Current Debridement Practices*



*"All DFU / VLU patients get sharp debridement. **If they are able to tolerate it, it is probably the most effective debridement** method of removing nonviable tissue, as well as bioburden in the wound. "*

– Podiatrist #5 (Non-PI)

Commentary

- **All VLU patients seen at WC clinics will undergo debridement**
  - In contrast, in home health setting only 1/3 VLUs are debrided; other 2/3 of patients have wounds that are caught and managed early by nurses, and thus can heal without needing debridement
- **Choice of debridement technique is highly dependent on site of care**
  - Surgeons and clinicians at wound care clinics, regardless of medical specialty, **perform sharp debridement as SOC for all patients**
  - In other specialty practices, such as dermatology, **clinicians much more split between sharp vs. non-sharp**
  - Nursing home / home health settings depend enzymatic or autolytic
- While sharp is SoC at WC clinics, **pain can be a barrier to use** (particularly in VLUs), leading HCPs to defer to a topical instead
- **Sharp + enzymatic / autolytic combinations** are also commonly used, with sharp used as primary method (e.g. 1-2x per week) and topical as maintenance (applied in between sharp visits)

*"Some of the wounds are more superficial, **sometimes the topical agent alone is enough**...if they are not responding, yeah, then we would have to step it up and go to a different method, probably add sharp debridement in "*

– Dermatologist #2 (Non-PI)

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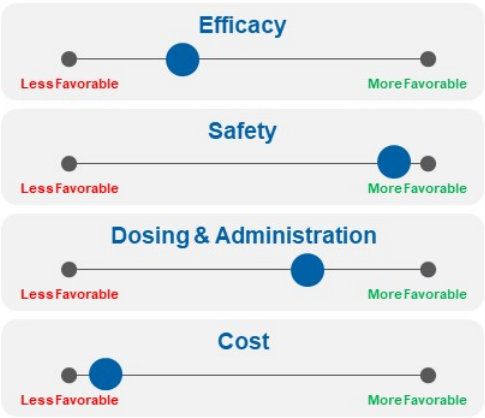
*Estimates are based on small study (N=12)

Source: OW Primary Research (6/2022)

Current Enzymatic Use is Limited, Due to Perception of Low Efficacy and High Cost

Current Enzymatic SOC Perception



Commentary

- **Efficacy**: HCP opinion of enzymatic efficacy generally ranges from **very low to moderate**; most still utilize to some degree but **note limited efficacy due to slow speed of debridement**
  - Efficacy may be **further reduced if unable to comply** with recommended 1x daily regimen
  - A few HCPs cited **Panafil as a much faster enzymatic debrider**, prior to recall
- **Safety**: Considered very safe, with minimal AEs / pain
- **Dosing & Administration**: Generally **considered easy to use / apply**, given potential for self or care-giver application; recommended regimen is typically **1x / day**
  - Slow speed of debridement **leads to extended use** (average of 6-8 weeks), which can also influence **patient compliance** with daily regimen
- **Cost**: High cost often cited as **major disadvantage relative to efficacy**,
  - Average cost of ~$298 / 30g tube, reimbursed under pharmacy benefit; prior research showed patients use ~6-8 tubes on average (total cost of treatment ~$2000)

*"**Enzymatic use is a little bit of an expense thing**. It is a little bit of an availability thing that sometimes it is just harder to get, **so that I use them less partly for that reason**. I do think they **probably work a little bit better than autolytic**, but **I am not honestly even sure of that."***

– Dermatologist #2 (Non-PI)

*"It is efficacious compared to Vaseline… **But is it tremendously efficacious? Tremendously helpful? I question that notion**… Oftentimes, **my patients cannot afford it**, or the patient has to pay most of it because **their prescription plan may or may not cover it**."*

– Podiatrist #2 (Non-PI)

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Source: OW Primary Research (6/2022)

HCPs Report Significant Need For Faster, More Efficacious Topical Debridement Agent

Unmet Need

- Physicians note that while sharp is efficacious and affordable, **there remain situations where sharp cannot be utilized**, driving unmet need for efficacious and affordable non-sharp alternatives:
  - **Speed**: Ideal product should work faster than current topical modalities, as speed of debridement cited by most HCPs as greatest unmet need
  - **Affordability**: Novel agent should be affordable and similar to current alternatives; experts note higher cost or lack of coverage by insurance as deterrents to using current modalities
  - **Application frequency / duration:** Daily application over long periods of time required by current enzymatic treatment; alternative ideally requires fewer applications
- **Gap in market remains after recall of papain products** (seen as much more effective than current enzymatic SoC), which were used commonly when sharp was not suitable

*"**I would like to see a product that actually works within a reasonable period of time**. Not eight weeks but maybe something within four weeks. Even with compliant patients with a wound that's a couple centimeters in diameter, it's going to take eight weeks. **It shouldn't take that long.***

–Podiatrist #1 (Non-PI)

Pipeline

- A few physicians have noted interest in few products in the pipeline (e.g. hydro-debriders, topical stem cell agents); however, most HCPs have **limited optimism or knowledge of therapeutic agents in the pipeline**

*"Enzymatic is not great at debriding everything and it takes a long time …something **that will debride faster is what we are looking for**. Sharp is really the only fast debridement modality, but it is not always applicable. **If we had something that was able to debride the wound faster without causing pain, that would be ideal**."*

–Podiatrist #4 (PI)

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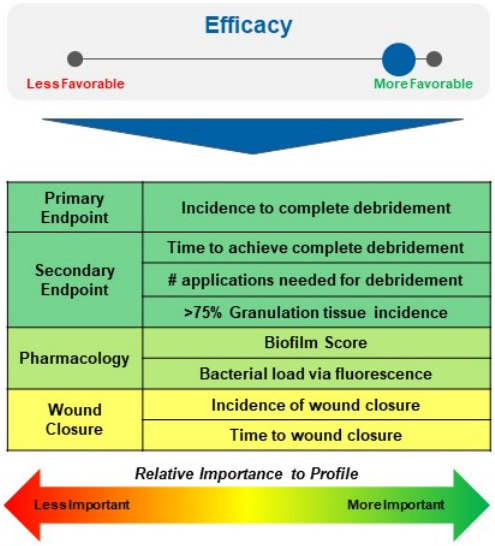
Source: OW Primary Research (6/2022)

EscharEx Perceived As Highly Efficacious, Demonstrating Clear Benefit Over Current Options

EscharEx Perception by Attribute



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Commentary

- **Perception of efficacy is extremely favorable**, with HCPs immediately noting EscharEx's faster speed of debridement vs. current agents
- **Primary and secondary clinical endpoints** believed to be most important, with clearest benefit demonstrated by **incidence of and time needed to achieve complete debridement**
- **Pharmacology data** seen as helpful in **supporting clinical endpoints**, though less important than primary / secondary
  - HCPs often expect lower biofilm / bacterial load as natural consequence of better debridement (and thus may not emphasize importance of seeing pharmacology data)
  - However, a few physicians noted **biofilm score / bacterial load has been emerging** with increasing level of importance in wound healing field
- Few HCPs want to see **superior efficacy in wound closure**, given faster debridement should translate to faster wound closure; however, **most believe that a superiority endpoint is not essential** for a debridement agent, and **comparable incidence / time data is sufficient**
  - If **superior efficacy for wound closure** was shown, HCPs believe this may support even further adoption of Product X and justify higher costs

*"**The product looks like it works very well**. They are basically saying you only need five applications of this product to get the wound to a granular bed, **which is great because you do not usually see that**."*

–Podiatrist #5 (PI)

*"I think **biofilm is increasingly important** because of literature supporting better ways of trying to break bioburden down. It is more on my radar today than it was 10 years ago or even two years ago. **It's innovative in a way to keep that as one of your endpoints**."*

–Podiatrist #6 (PI)

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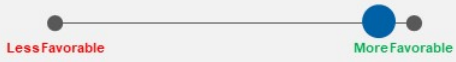
Source: OW Primary Research (6/2022)

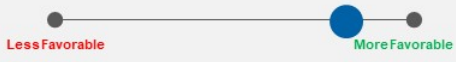
Minimal Issues with EscharEx Safety Or Dosing & Administration

EscharEx Perception by Attribute

Safety



Dosing & Administration



Commentary

- **Safety:** Most HCPs raised minimal issues with safety profile (perceiving as safe), with several noting how crucial safety is when considering high opinion of enzymatic agent's safety today
  - A few HCPs requested additional data surrounding pain (or absence of pain) upon application, highlighting importance of patient comfort
- **Dosing & Administration:** Perceived as favorable, particularly given short regimen (daily applications for 5 days) compared to current enzymatic agent and potential for home-application
  - **Potential for range of 5-8 applications did not raise any concerns**, as even 8 days is significantly faster than current enzymatic agent; few HCPs noted minor benefit with 7 or fewer days, to fit logistically into weekly clinical visits
  - HCPs also amenable to first application in clinic, followed by subsequent home applications

*"There were no adverse events. There were no allergic reactions to the product. **It seems like it is a safe product to use**. 120 patients to evaluate the tolerability and safety of the product, it is a good study."*

–Podiatrist #5 (PI)

*"**My perception wouldn't change from 5 to 8 applications**. I mean current enzymatic treatment, it's 100 applications, you know. So, they could go to 20 applications, and it still wouldn't make any difference to me."*

–Dermatologist #2 (Non-PI)

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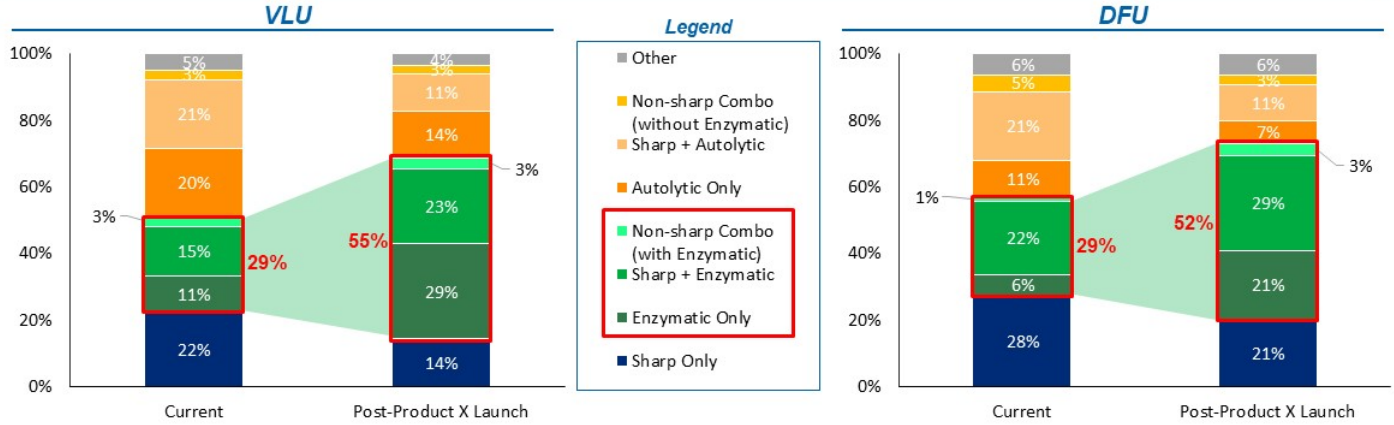
Source: OW Primary Research (6/2022)

Given Strong Profile of EscharEx, HCPs Reported Expansion of Enzymatic Use Drawing From Other Classes

Future Debridement Practices



- HCPs expect **aggressive expansion of enzymatic segment across VLUs & DFUs,** with slightly **higher use in VLUs** given **additional barrier that pain** poses to sharp use; similarly, HCPs expect greater use of enzymatic only in VLUs (vs. DFUs), but greater use of sharp + enzymatic in DFUs (vs. VLUs)

EscharEx is anticipated to draw share from all other debridement modalities (including sharp only, autolytic only, and sharp + autolytic)

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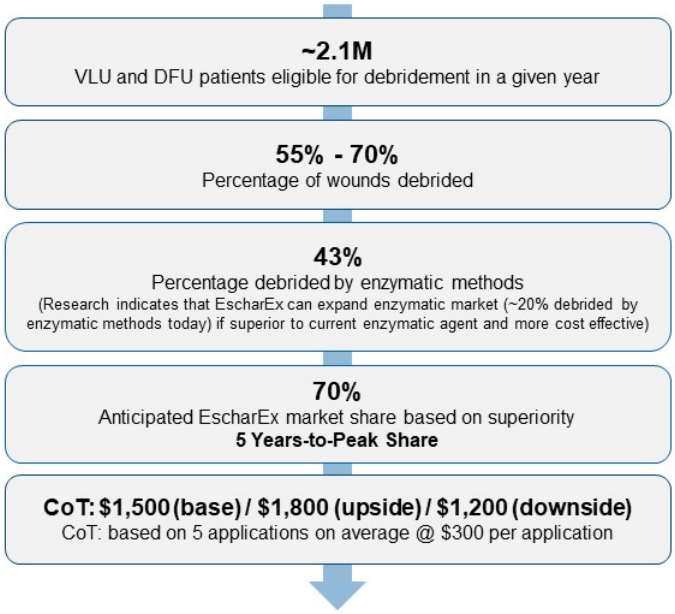
Source: OW Primary Research (6/2022)

U.S. Market Opportunity



- **EscharEx TAM for VLUs and DFUs is estimated at ~$2B in the U.S.**
- **Market research and physician feedback suggest that EscharEx potential market share at ~30%**

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Market potential estimates based on above assumptions, and does not account for market access and other considerations that may impact actual figures and are subject to EscharEx approval b FDA. EscharEx is an investigational drug under development, not approved in any jurisdiction

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