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 June 2015

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): __

EXPLANATORY NOTE

Gal Cohen, President and Chief Executive Officer of MediWound Ltd. (the "Company") and Sharon Malka, Chief Financial Officer of the Company will deliver the Company's corporate presentation at the Jefferies 2015 Global Healthcare Conference on Thursday, June 4, 2015 at 09:00 a.m. Eastern Time. The Company's presentation will be webcast live on the internet and can be accessed by visiting the Investor Relations section of the Company's website at www.mediwound.com. A replay of the webcast will be archived on the MediWound website for 90 days following the presentation. Materials to be used in conjunction with the presentation are furnished as Exhibit 99.1 to this Form 6-K and are available on the Company's website at www.mediwound.com.

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: June 4, 2015

By: /s/ Sharon Malka
Name: Sharon Malka
Title: Chief Financial Officer

EXHIBIT INDEX

Exhibit	Description
99.1	MediWound presentation materials for Jefferies 2015 Global Healthcare Conference.

Exhibit 99.1


Company Presentation
June 2015
MediWound
Innovative solutions for wound & burn care
Nasdaq: MDWD
Gal Cohen, President & CEO

Cautionary note Regarding Forward-looking statements

- This presentation contains forward-looking statements within the meaning of Section 27A of the U.S. Securities Act of 1933, as amended, Section 21E of the U.S. Securities Exchange Act of 1934, as amended and the safe harbor provisions of the U.S. Private Securities Litigation Reform Act of 1995. We make forward-looking statements in this presentation that are subject to risks and uncertainties. These forward-looking statements include information about possible or assumed future results of our business, financial condition, results of operations, liquidity, plans and objectives. In some cases, you can identify forward-looking statements by terminology such as "believe," "may," "estimate," "continue," "anticipate," "intend," "should," "plan," "expect," "predict," "potential," or the negative of these terms or other similar expressions. Forward-looking statements reflect our current views with respect to future events and are based on assumptions and subject to risks and uncertainties. You should not unduly rely on any forward-looking statements. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee that future results, levels of activity, performance and events and circumstances reflected in the forward-looking statements will be achieved or will occur. The statements we make regarding the following matters are forward-looking by their nature: the timing and conduct of our trials of NexoBrid and our other pipeline product candidates, including statements regarding the timing, progress and results of current and future preclinical studies and clinical trials, and our research and development programs; the clinical utility, potential advantages and timing or likelihood of regulatory filings and approvals of NexoBrid and our pipeline products; our expectations regarding future growth, including our ability to develop new products; our commercialization, marketing and manufacturing capabilities and strategy and the ability of our marketing team to cover regional burn centers and units; our ability to maintain adequate protection of our intellectual property; our plans to develop and commercialize our pipeline products; our estimates regarding expenses, future revenues, capital requirements and the need for additional financing; our estimates regarding the market opportunity for NexoBrid and our pipeline products; our expectation regarding the duration of our inventory of intermediate drug substance and products; the impact of our research and development expenses as we continue developing product candidates; our expectations regarding the time during which we will be an emerging growth company under the JOBS Act and the impact of government laws and regulations. Please refer to other factors discussed under the heading "Risk Factors" in of the Company's Annual Report on Form 20-F for the year ended December 31, 2014, filed with the U.S. Securities and Exchange Commission on February 12, 2015 and other documents filed with or furnished to the U.S. Securities and Exchange Commission. Any forward-looking statement made in this presentation speaks only as of the date hereof. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee that future results, levels of activity, performance and events and circumstances reflected in the forward-looking statements will be achieved or will occur. Except as required by law, we undertake no obligation to update publicly any forward-looking statements for any reason after the date of this presentation, to conform these statements to actual results or to changes in our expectations after the date of this presentation. Such data involves risks and uncertainties and is subject to change based on various factors.
- The trademarks included herein are the property of the owners thereof and are used for reference purposes only. Such use should not be construed as an endorsement of the products or services.
- Certain data in this presentation was obtained from various external sources, and neither the Company nor its affiliates, advisers or representatives has verified such data with independent sources. Accordingly, neither the Company nor any of its affiliates, advisers or representatives makes any representations as to the accuracy or completeness of that data or to update such data after the date of this presentation. Such data involves risks and uncertainties and is subject to change based on various factors.

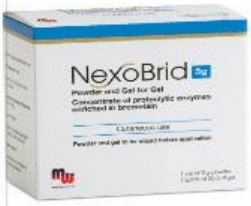
Who we are

- Fully integrated, biopharmaceutical company developing, manufacturing and commercializing novel products for wound and burn care management
- Strong proprietary proteolytic enzymes technology:
  - **NexoBrid®:** severe burn wounds
    - Launched, innovative, orphan, biological drug indicated for eschar removal of deep partial and full thickness burns
  - **EscharEx™:** chronic and hard to heal wounds
  - **MWPC003**: connective tissue disorders
- State of the art, EMA certified, cGMP compliant manufacturing facility for sterile pharmaceutical products
- Committed management team with decades of industry experience

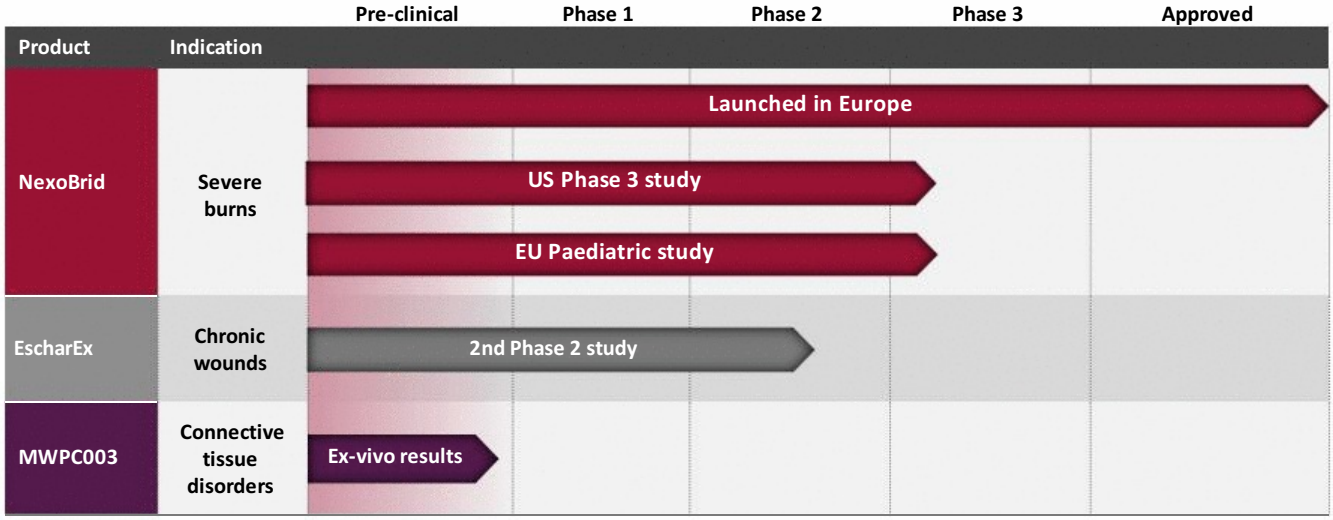
OUR LEAD PRODUCT

NexoBrid®

Debride and Protect



Balanced portfolio - from commercial products to promising R&D



Attractive target markets

Debridement for hospitalized burn patients

NexoBrid

- **~200,000** hospitalized patients every year in EU and US
- Prevalence higher in emerging economies (e.g. **400,000** patients every year in India)

Debridement for chronic/hard-to-heal wounds

EscharEx

- Broad addressable population of more than 14 million patients in US and EU
- Includes patients with diabetic/pressure/ venous ulcers and post-surgery/ trauma hard-to-heal wounds

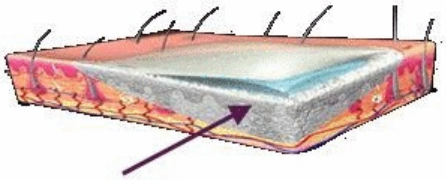
Connective Tissue Disorders

MWPC003

- Dupuytren's disease: **~6.2 million** patients in the US alone
- Peyronie's disease: **~3-7% of the male population** above 50 in the US and EU

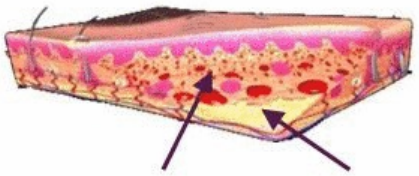
Eschar removal (debridement) = Removal of dead (non viable) tissue from affected area

Before… → **…After**



Eschar

- Prevents local infection and sepsis
- Avoids further deterioration and scarring
- Enables initiation of wound healing
- Allows direct visual assessment of wound bed enabling precise diagnosis of wound severity and an informed treatment plan



Dermis

Subcutaneous fat

Early Eschar removal is a critical 1st step in wound treatment

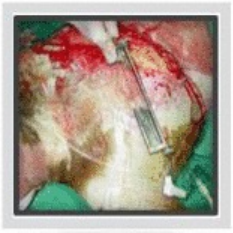
Current standard of care limitations creates unmet medical needs

Non-surgical eschar removal

- Autolysis
- Topical medications
- Enzymes, chemicals and biologicals

Significant limitations

- Limited debriding efficacy
- Excessively prolonged debridement with risks
- Less useful for deep and extensive burns
- Numerous dressing changes and wound handlings



Surgical eschar removal

- Tangential excision
- Dermabrasion
- Hydro-jet surgery

Significant limitations

- Traumatic
- Challenging in delicate areas and patients
- Non-selective
- Donor sites sacrifice discomfort and long-term sequelae
- Delayed start of debridement (diagnosis dependent)

There is a clear need for an effective yet selective non-surgical way to remove eschar

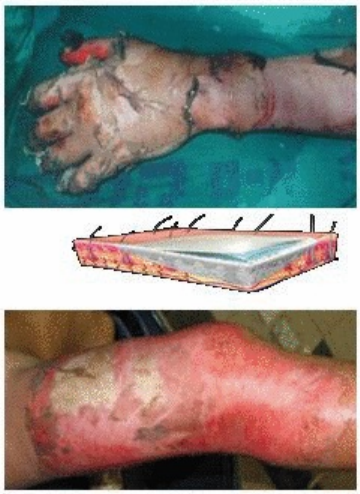
NexoBrid® Debride and Protect™

- Biological drug containing a sterile mixture of proteolytic enzymes
- Easy to use, single, non-surgical topical application at the patient's bedside
- Effectively removes the burn eschar within 4 hours without harming surrounding viable tissue
- Allows the physician to visually assess the wound and reach an informed decision
- Orphan and biologic drug status in EU and US
- IP protection until at least 2025 in EU and 2029 in US

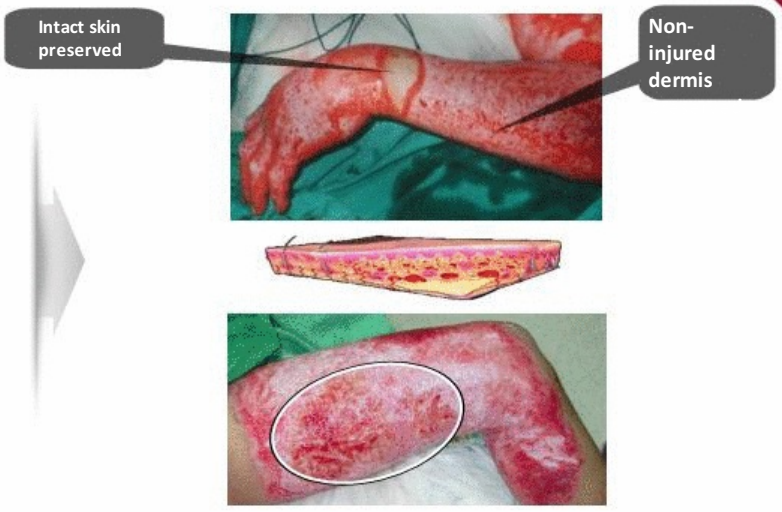
NexoBrid® Effective and Selective

Case studies

Before



After



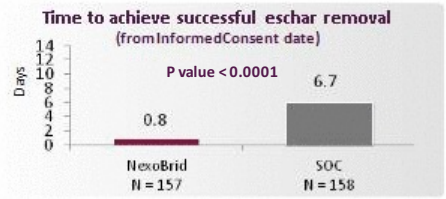
An informed diagnosis....less surgery.... better patient outcomes

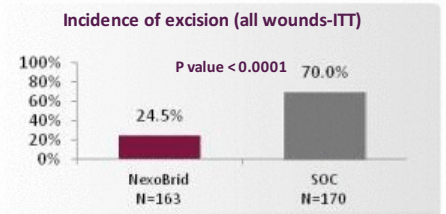
Extensive clinical experience demonstrating robust and compelling outcomes

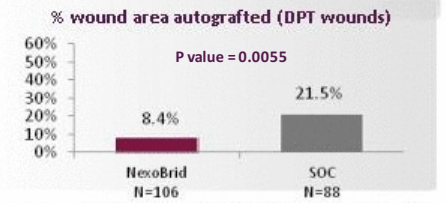
- Six Phase 2 and Phase 3 clinical studies completed, assessing safety and efficacy of NexoBrid
- Investigated in more than 550 hospitalized burn patients
- Sites across 15 countries and 4 continents
- Investigated by ~100 leading burn specialists and KOLs
- EU Phase 3 trial was completed early, after interim analysis showed statistically significant results

NexoBrid offers significant clinical benefits compared to SOC

- NexoBrid® effectively removes the eschar, significantly earlier, allowing timely direct visualization and assessment of wound bed and burn depth
- NexoBrid® significantly reduced the need for excisional surgery in all wounds
- NexoBrid® significantly reduced autografting in Deep Partial Thickness (DPT - 2nd degree) wounds
  -> *Less autografting provides additional benefits including less surgery, donor site morbidity and permanent scarring*
- NexoBrid® safety profile comparable to current standard of care







Favorable long-term outcomes

Outcome	NexoBrid	SOC	Comments
All wounds			
Modified Vancouver Scar Scale (per wound)	**3.12 (113)**	**3.38 (78)**	
Donor site scars			
Incidence (per patient)	**40% (22 / 54)**	**68% (24 / 35)**	**P-value = 0.01**
Area % TBSA (per patient)	**5.8% (22)**	**8.3% (24)**	**30% smaller scars**
Modified Vancouver Scar Scale (per wound)	0.75 (32)	0.97 (35)	
Long term scar treatment procedures			
Scar modulation procedures (incidence per patient)	27.8% (15 / 54)	34.3% (12 / 35)	
Surgical scar reconstructive procedures (incidence per patient)	3.74% (2 / 54)	8.57% (3 / 35)	

Overall favorable long-term results: comparable quality with significant reduction in quantity of scars achieved with reduced surgical burden (excision, grafting and reconstructive procedures)

NexoBrid offers "the best of both worlds" for debridement

		Standard of Care	
Important Elements	**NexoBrid***	**Surgical**	**Non-Surgical**
Time to Start Debridement	●	●	●
Rapid Debridement	●	●	●
Time to Complete Debridement	●	◐	●
Diagnosis-Fast/Effective/Selective	●	●	●
Less Traumatic/Surgeries	●	●	●
Spare Viable Tissue	●	●	◐
Reduced Area for Grafting (Minimal Invasive Modality)	●	●	●
Less Procedural Blood Loss	●	●	●
Procedural Pain	◑	●	◑
Complexity/cost effectiveness (Surgeons, facilities, general anesthesia, multiple debridement procedures)	●	●	●

● Advantage ● Disadvantage

*Confirmed by clinical data

Executing our go-to-market strategy

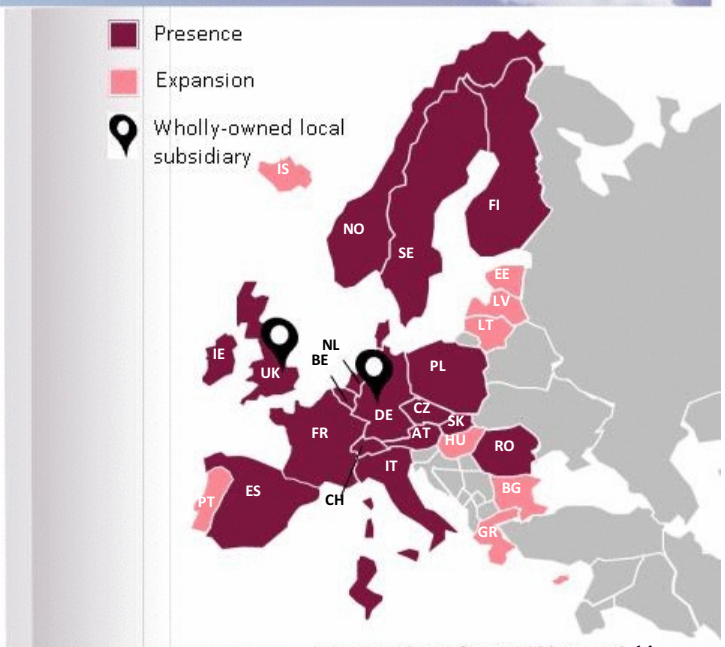
Global - marketing strategy and tools are ready to support our local sales force and go to market

EU - launch through wholly owned local subsidiary

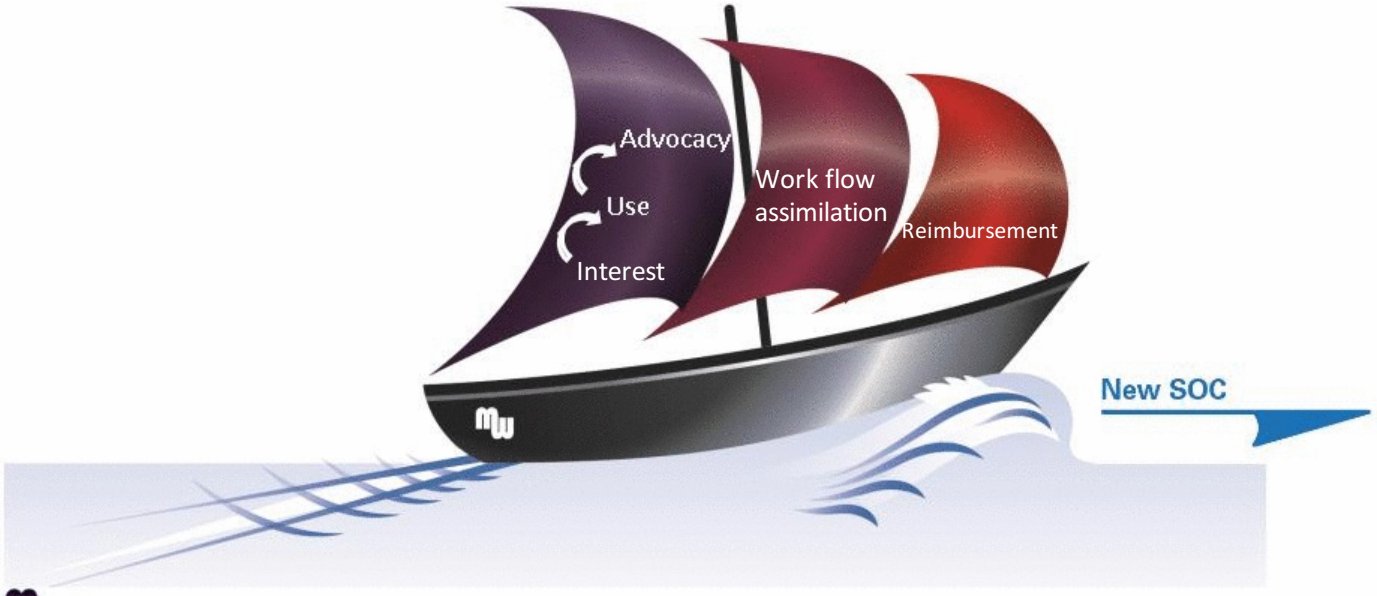
- Recruited nearly all the team across EU (~25 FTE's)
- Launched NexoBrid in all target countries in EU (except FR & CZ) and in Israel
- Executing our market access plans across EU, on a country-by-country basis

International - signed and negotiating distribution agreements to expand market reach to LATAM, Asia-Pacific and CIS

US - enhancing marketing strategy in parallel to clinical development

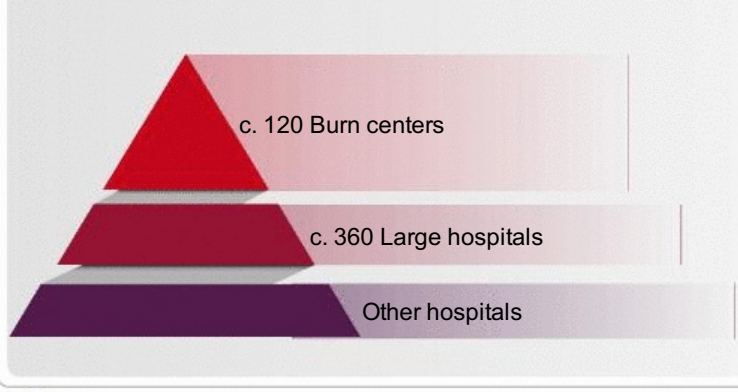


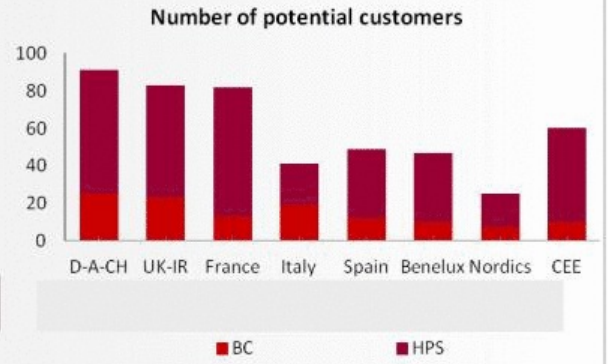
Introducing a new standard of care is a journey



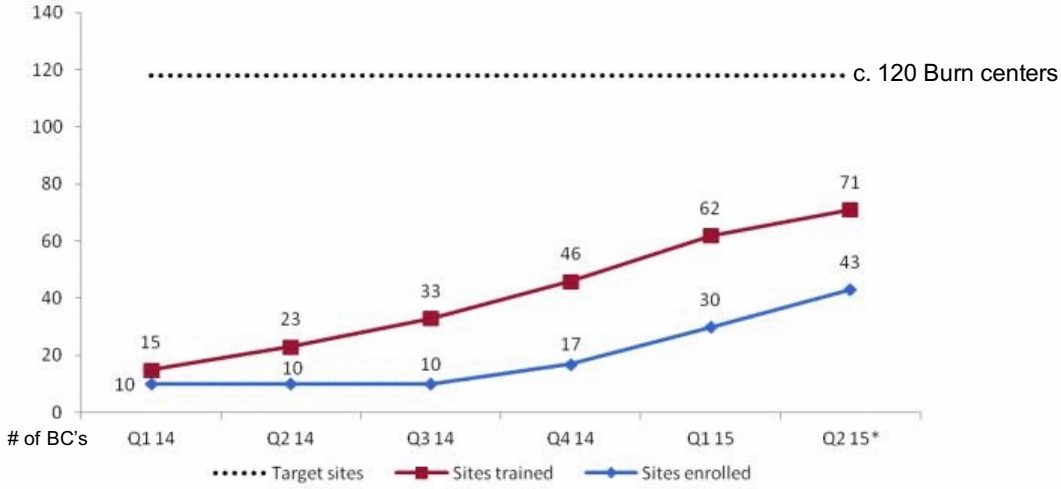
Focused target audience

- Targeting specialist call point at burn centers and hospital burn units
- Smaller hospitals are expected to follow the trend



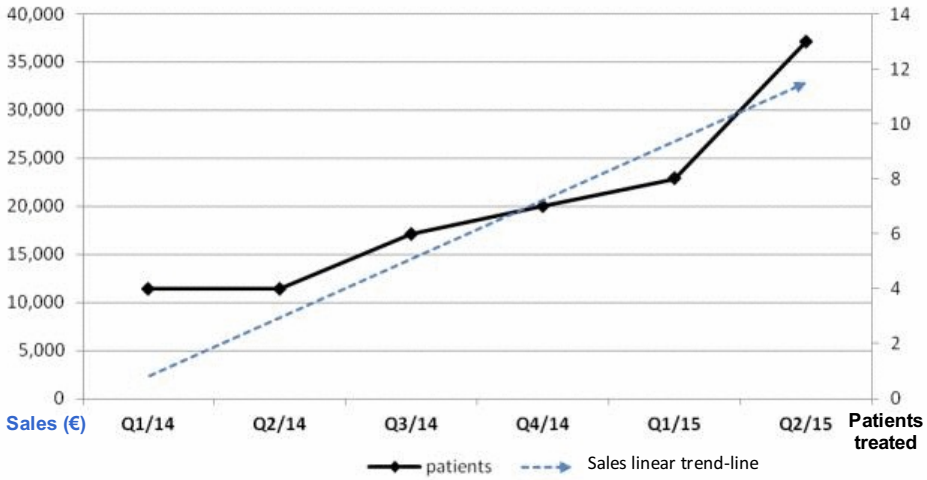


Growing adoption of NexoBrid in the EU



- **Trained**: ~ 60% of target burn centers throughout Europe
- **Treating**: ~ 60% of trained centers
- **Patients treated in 2015 > 2014 total**

Early adopters transitioning towards SOC



Burn center (Berlin, Germany)

Significant opportunities going forward

US Phase 3 study (DETECT)

Study Design

- Prospective
- Randomized
- Controlled: NexoBrid vs. Vehicle vs. Standard of care - 3:1:3
- Masked
- Multi-Center : ~ 30 centers in US, EU and IL
- Follow up: 12 & 24 months
- Sample size: 175 patients

Endpoints

- Primary: Incidence of eschar removal vs. vehicle
- Secondary: Surgical burden, earlier eschar removal and blood loss vs. SOC
- Safety: Wound closure and cosmesis & function vs. SOC

Study Timelines

- Initiation: 1H/15
- Acute (primary/secondary/safety) results: 1H/17
- Long term results: 12 months follow up (1H/18); 24 month follow up (1H/19)

EscharEx - significant opportunity in chronic/hard to heal wounds

5% of diabetics or **~1.3 M people** develop DFUs annually

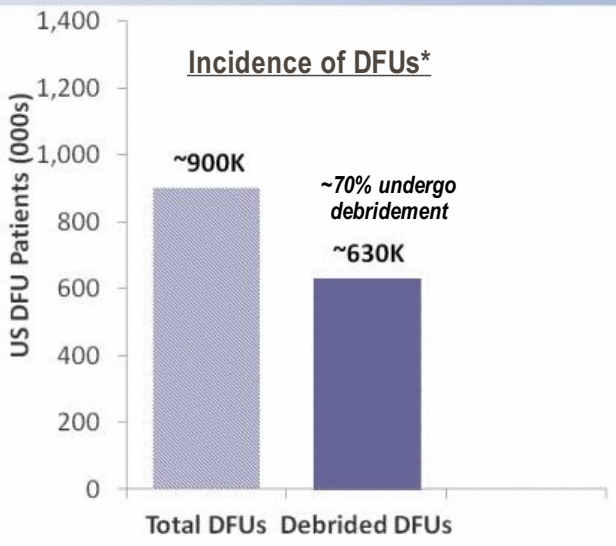
Millions receive post-surgical wound care in US annually

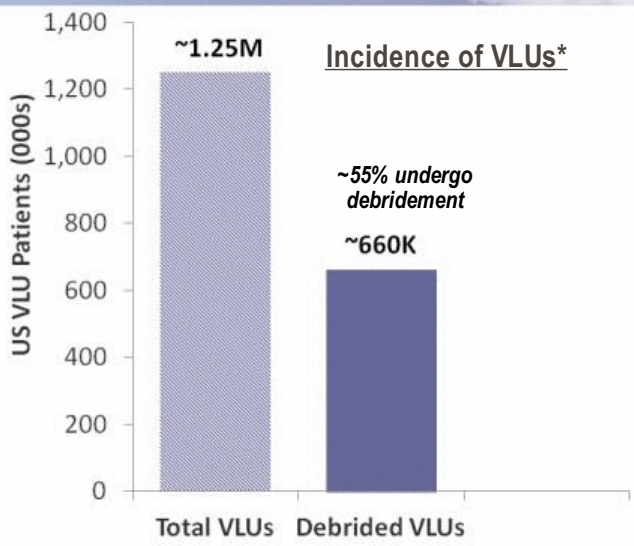
Affecting **~600,000 people** in the US annually

2.5 M pressure ulcers treated in the US in acute care facilities annually

- Market estimated to grow > 8% annually due to aging, diabetes and obesity
- Large unmet medical need for an effective, non-surgical eschar removal agent in chronic wounds
- Existing products are complementary

EscharEx – US market opportunity





Over $1B market potential in DFU's and VLU's in the US alone

*Source:marketresearch, 2015,HCG

Leveraging existing wealth of data de-risks EscharEx opportunity

Summary of on-going 2nd Phase 2 study

Study Design

- Prospective
- Randomized
- Controlled (EscharEx vs. Gel)
- Multi-Center
- Sample size: 72 patients
- Indications: Hard to heal VLUs, DFUs and post surgical

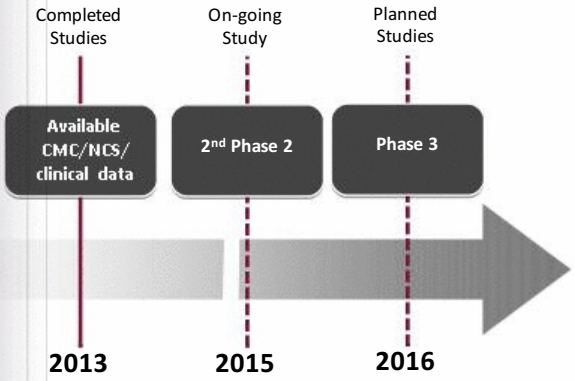
Endpoints

- Eschar removal
- Wound closure
- Pharma-co-economic measurements

Study Timelines

- Initiation: 2H/14
- **Top-line results: 2H/15**
- Final results: 1H/16

Development timeline



Financial snapshot

- **Capital structure**: 21.5m outstanding ordinary shares; 1.9m outstanding stock options
- **Cash position**: $59.4m (as of 31/3/15); no debt
- **NOL**: $70m carry-forward losses; Favorable tax rates ("beneficiary enterprise")
- **Operating loss (Q1/15)**: $4.5m; Adjusted EBITDA $3.7m
- **Burn rate Q1/15**: Net cash used for ongoing operating activities ~ $4.8m
- Y15 cash use is estimated at $20-22m

- **Current cash balance is sufficient to:**
  - Complete our ongoing clinical programs
  - Support our EU marketing infrastructure

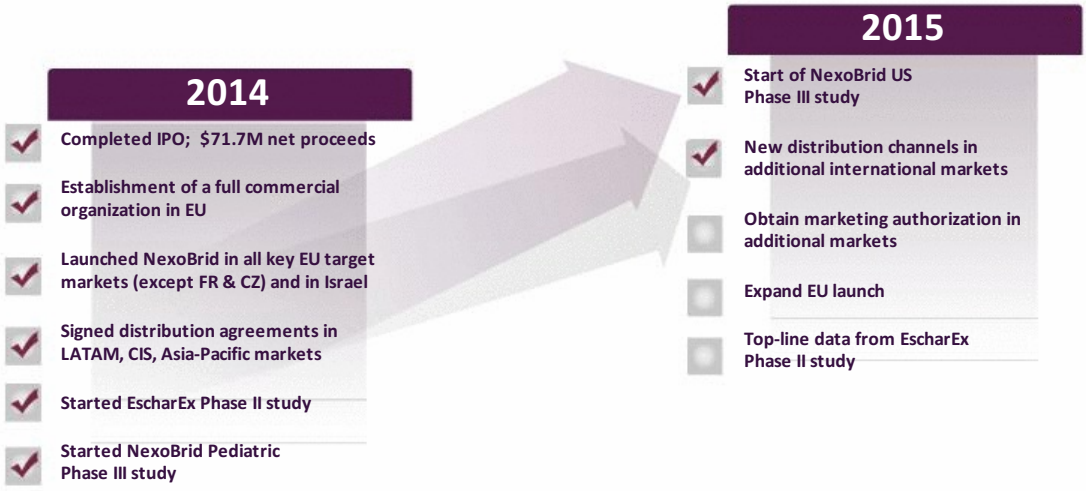
Statement of operations

($ in millions)	3 months ended March 31, 2015
Revenues	0.1
Gross loss	0.1
Research and development, net	1.4
Selling, general and administrative	3.0
Operating loss	**4.5**

Balance sheet

($ in millions)	As of March 31, 2015
Cash, cash equivalents and short term cash deposits	59.4
Working capital	59.6
Total assets	**65.6**
Contingent royalty-based liabilities	24.5
Total shareholders' equity	**37.1**

Executing the work plan



Investment highlights

New paradigm in eschar removal	▪ Easy to use, non-surgical, single application with significant advantages over SOC ▪ Approved and launched in Europe
Attractive target markets	▪ Hospitalized burn patients - orphan indication, focused target audience of burn specialists ▪ Chronic wounds - significantly large and growing market
Extensive clinical experience	▪ More than 550 patients in six Phase 2 and Phase 3 clinical studies across 15 countries ▪ Support from more than 100 burn specialists and key opinion leaders (KOLs)
Lower development risk	▪ Wealth of existing and relevant development data to date ▪ Promising clinical and ex-vivo data
Fully integrated platform	▪ In-house manufacturing, R&D and commercial operations ▪ Control over all critical aspects of the business to drive growth and profitability
Significant barriers to entry	▪ Strong IP position and know-how ▪ Orphan drug status and other regulatory exclusivities
Experienced management team	▪ Significant pharmaceutical, medical, marketing and product launch experience


Thank you
www.mediwound.com
MediWound
Innovative solutions for wound & burn care