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 January 2024

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): __

CONTENTS

On January 8, 2024, MediWound Ltd. (the "Company") made a presentation at the J.P. Morgan 42nd Annual Healthcare Conference, highlighting its commercial product, its clinical products as well as certain estimates and projections as to expected future financial results and information. Materials used in conjunction with the presentation are available on the Company's website at www.mediwound.com and are furnished as Exhibit 99.1 to this Report of Foreign Private Issuer on Form 6-K (this "Form 6-K"). The contents of the foregoing website are not a part of this Form 6-K.

The information contained in the presentation is provided as of January 8, 2024, 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. The furnishing of the materials related to the presentation is not an admission as to the materiality of any information contained in those materials.

The content of this report on Form 6-K (including the information contained in Exhibit 99.1), is hereby incorporated by reference into the Company's Registration Statements on Form S-8 filed with the SEC on April 28, 2014, March 24, 2016, March 19, 2018, March 25, 2019, February 25, 2020, May 15, 2021 August 9, 2022 and August 15, 2023 (Registration Nos. No. 333-195517, 333-210375, 333-223767, 333-230487, 333-236635, 333-255784, 333-266697 and 333-273997, respectively) and on Form F-3 filed with the SEC on May 25, 2022 and March 31, 2023 (Registration Nos. 333-265203 and 333-268297, respectively).

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: January 8, 2024

By: /s/ Hani Luxenburg
Name: Hani Luxenburg
Title: Chief Financial Officer

EXHIBIT INDEX

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

Exhibit	Description
99.1	Corporate Presentation of MediWound Ltd. dated January 2024.


MediWound
Next-Generation Enzymatic Therapeutics
for Non-Surgical Tissue Repair
January 2024 I Nasdaq: MDWD

Cautionary Note Regarding Forward-Looking Statements

This presentation contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act and other securities laws, including but not limited to the statements related to the commercial potential of our products and product candidates, the anticipated development progress of our products and product candidates, and our expected cash runaway. 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 are not historical facts, and are based upon management's current expectations, beliefs and projections, many of which, by their nature, are inherently uncertain. Such expectations, beliefs and projections are expressed in good faith. However, there can be no assurance that management's expectations, beliefs and projections will be achieved, and actual results may differ materially from what is expressed in or indicated by the forward-looking statements. Important factors that could cause such differences include, but are not limited to the uncertain, lengthy and expensive nature of the product development process; market acceptance of our products and product candidates; the timing and conduct of our studies of our product candidates; our ability to obtain marketing approval of our products and product candidates in the U.S. or other markets; our expectations regarding future growth, including our ability to develop new products; risks related to our contracts with BARDA; our ability to maintain adequate protection of our intellectual property; competition risks; and the need for additional financing. These and other significant factors are discussed in greater detail in MediWound's annual report on Form 20-F for the year ended December 31, 2022, filed with the Securities and Exchange Commission ("SEC") on March 16, 2023, and other filings with the SEC from time-to-time. These forward-looking statements reflect MediWound's current views as of the date hereof and MediWound undertakes, and specifically disclaims, any obligation to update any of these forward-looking statements to reflect a change in their respective views or events or circumstances that occur after the date of this release except as required by law

Certain studies and data presented herein have been conducted for us by other entities as indicated where relevant. Intellectual property, including patents, copyrights or trade secret displayed in this presentation, whether registered or unregistered, are the intellectual property rights of MediWound. MediWound's name and logo and other MediWound product names, slogans and logos referenced in this presentation are trademarks of MediWound Ltd. and/or its subsidiaries, registered in the U.S.A., EU member states and Israel.

NexoBrid development has been supported in whole or in part with federal funds from the U.S. Department of Health and Human Services (HHS); Administration for Strategic Preparedness and Response (ASPR); Biomedical Advanced Research and Development Authority (BARDA), part of the Administration for Strategic Preparedness and Response within the U.S. Department of Health and Human Services, under contract HHSO100201500035C. This contract provided funding and technical support for the pivotal U.S. Phase 3 clinical study (DETECT), the randomized, controlled pivotal clinical trial for use in the pediatric population (CIDS), the marketing approval registration process for NexoBrid as well as its procurement and availability under the expanded access treatment protocol (NEXT) in the U.S. Additional projects for evaluation of NexoBrid funded under the BARDA contract include establishment of a pre-emergency use data package and development of the health economic model to evaluate the cost savings impact to enable market adoption in the United States.

We maintain our books and records in U.S. dollars and report under IFRS. Our revenue expectations for the fourth quarter and full-year ended 2023, as well as our estimates concerning cash as of December 31,2023 are preliminary, unaudited and are subject to change based on the completion of ongoing internal control, review, and audit procedures. As a result, these amounts may differ materially from the amounts that will be reflected in the Company's consolidated financial statements for the year ended December 31, 2023. Accordingly, you should not place undue reliance on this preliminary estimate.

Company Highlights

Validated enzymatic technology platform

14 successful clinical trials
120+peer reviewed publications
Key approvals: FDA/EMA/JPN

Diversified portfolio

NexoBrid® - Eschar removal for burns
EscharEx® - Debridement of wounds
MW005 - Biotherapy for skin cancer

Significant commercial growth potential

NexoBrid® - 2023 revenues of $19M;
Launched in US by Vericel
EscharEx® - Targets a $2B US market[1]
Challenging **$360M+** dominant product

Global strategic collaborations

Vericel, Kaken, 3M, Mölnlycke, MIMEDX, BARDA, DoD, PolyMedics, BSV

Solid balance sheet & strong investor base

Cash of $41M[2]
Runway through profitability

cGMP certified sterile manufacturing facility

Scale up program to provide
6X capacity by 2025
Supports growing global demand

[1] Oliver Wyman (OW) primary research
[2] As of December 31, 2023

Core Platform Enzymatic Technology

Proprietary IP protected manufacturing process

1. Pineapple stem harvest
2. Protein extraction
3. Purification, enrichment, stabilization
4. Complex mixture of proteolytic enzymes

Images modified from Labster theory and bioinfo

Core biotherapeutic enzymatic platform technology

Non-viable tissue is rapidly and effectively removed to obviate surgery

Multi-billion Dollar Portfolio

Commercialized

NexoBrid®
Disruptive therapy for burn care

Indication: Eschar removal of deep partial and full thickness burns

Classification: Orphan biological drug

Target users: Hospitalized patients

Development status: FDA/EU/JP approved

TAM[2] (U.S.): **>$300M**

Pipeline

EscharEx®
Next-gen enzymatic therapy for wound care[1]

Indication: Debridement of chronic/ hard-to-heal wounds

Classification: Biological drug

Target users: Optimized for all settings

Development status: Phase 3 initiation 2H 2024

TAM[3] (U.S.): **>$2B**

Pipeline

MW005
Biotherapy for non-melanoma skin cancers[1]

Indication: Treatment of non-melanoma skin cancers

Classification: Biological drug

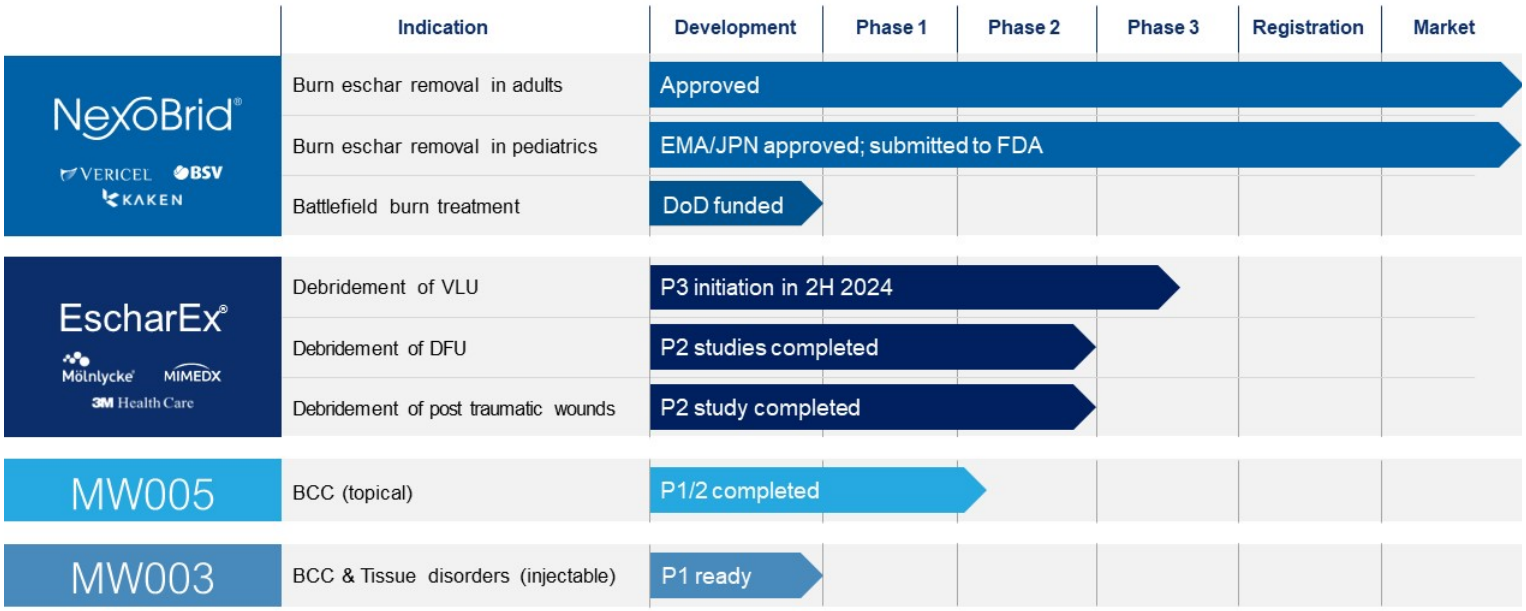
Target users: Optimized for outpatient setting

Development status: Phase 1/2

TAM (U.S.): **>$1B**

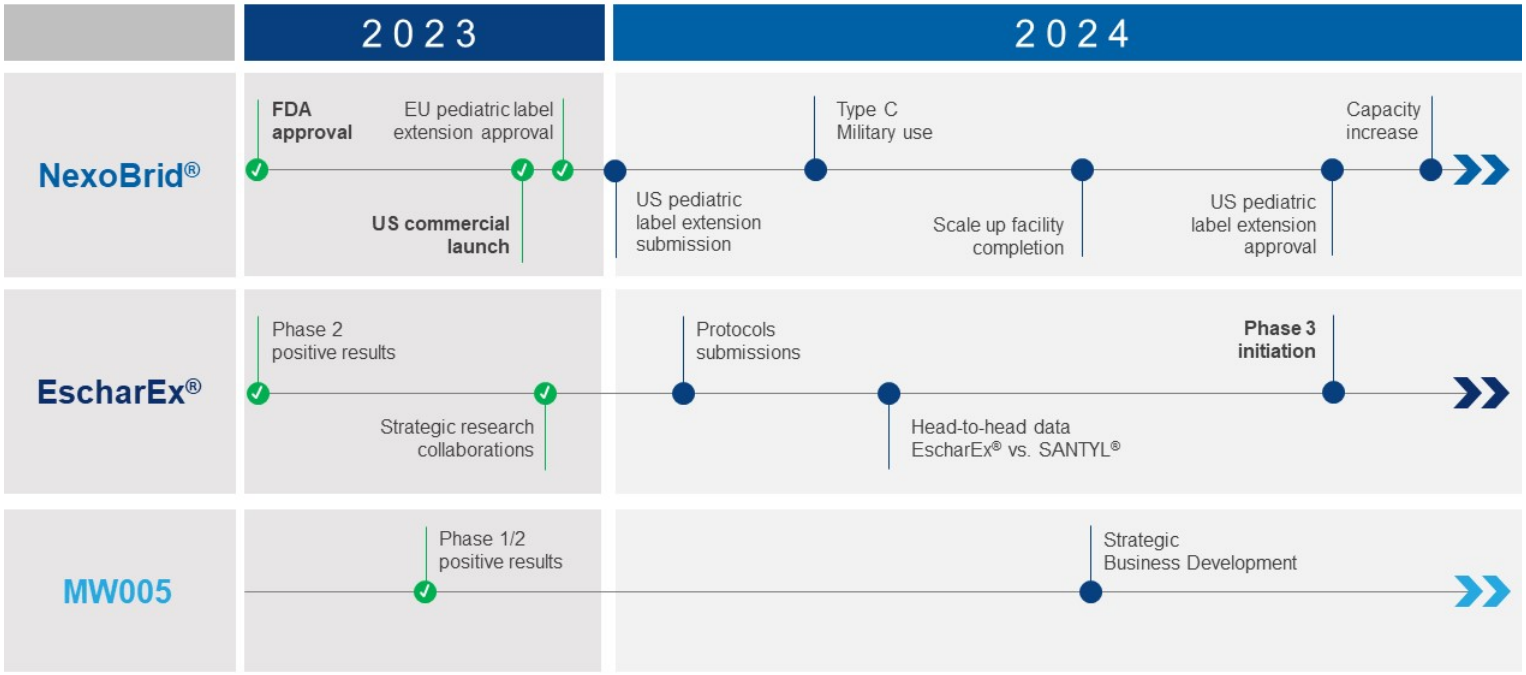
[1] Investigational drug
[2] ~90% of eligible patients require eschar removal; Assumes NexoBrid average price of ~$9,000 per patient
[3] TAM - targeted addressable market; Oliver Wyman market research

Pipeline



BCC=basal cell carcinoma; DFU=diabetic foot ulcers; DoD=U.S. Department of Defense; VLU=venous leg ulcers

Value Creating Milestones



Financial Highlights

BALANCE SHEET

$41M in cash[1]

Cash runway through profitability

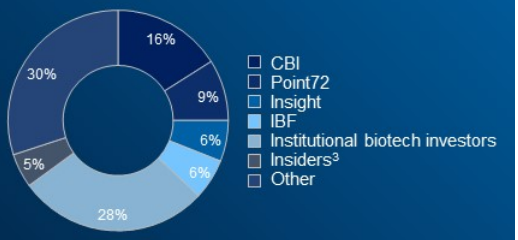
REVENUES

2023 revenues of $19M
NexoBrid is profitable

2024 product revenues expected **>40% growth**

Scale-up will increase gross margin **>65%**

MDWD SHAREHOLDERS[2]



Nasdaq | MDWD

ANALYSTS:

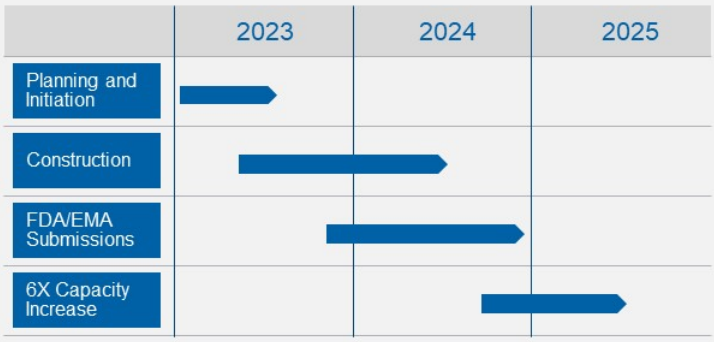
- Josh Jennings, MD - Cowen
- Francois Brisebois - Oppenheimer
- Jason McCarthy, PhD - Maxim
- Swayampakula Ramakanth, PhD - HCW
- David Bouchey - Aegis

Avg. Price Target - $28.00

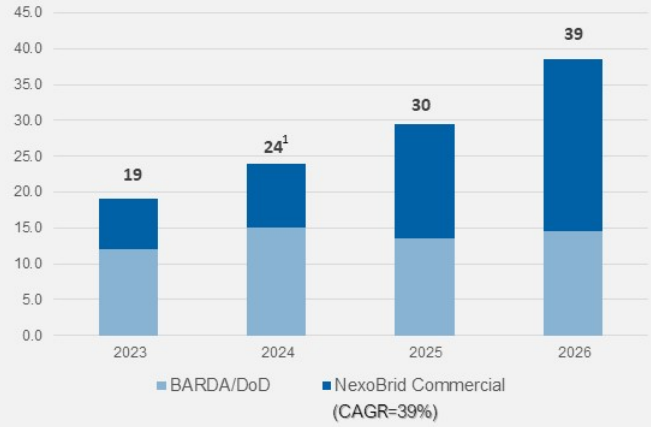
[1] Cash, cash equivalents and short-term bank deposits as of December 31, 2023
[2] As of September 30, 2023
[3] Including the Company's founder, directors, executive officers, and members of advisory board

NexoBrid® Growth Supported by Manufacturing Facility Scale Up

Full manufacturing capacity in 2025



NexoBrid forecast revenues ($M)



Global demand exceeds current manufacturing capacity 3-fold

NexoBrid®

(10% concentration)

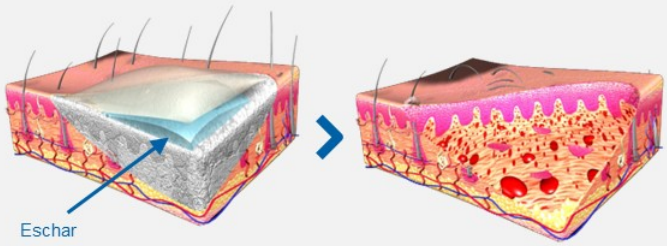
Early, effective and selective non-surgical eschar removal for severe burns

Validated & commercialized	Approved in the U.S., EU, JP, IN; 14,000 patients treated globally to date

MediWound

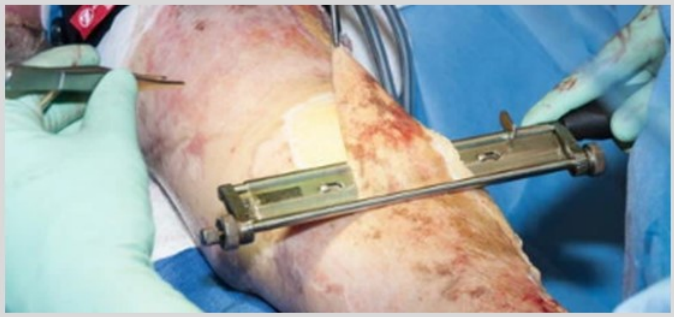
Emerging SOC for **Effective & Selective** Eschar Removal that **Preserves Viable Tissue**

Eschar removal is the **first critical step in burn care**



Prevents local infection and sepsis	Avoids further deterioration and scarring	Enables initiation of wound healing	Allows visual assessment of wound bed

Surgery is **traumatic & non-selective**[1,2]



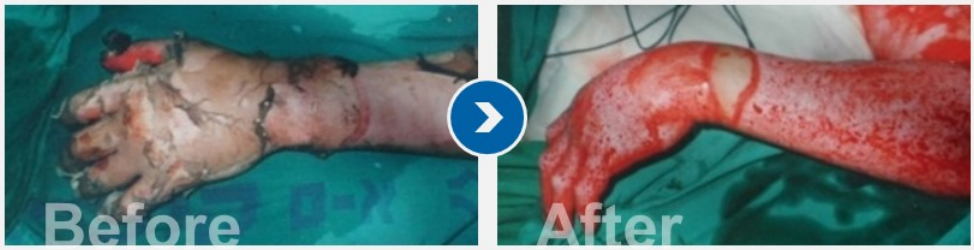
Loss of healthy tissue & blood	Challenging in delicate areas	Requires surgical team, operating room

NexoBrid®

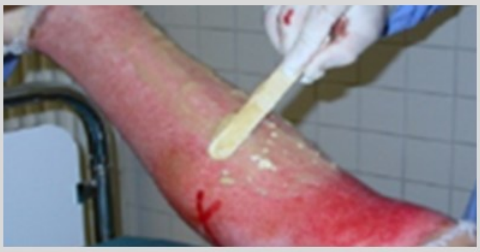
Indicated for eschar removal of deep partial-thickness and/or full-thickness thermal burns

Disruptive Bioactive Therapy for Burn Care

Significantly reduces need for surgery & improves patient outcomes



- Effectively removes eschar within 4 hours without harming viable tissue or blood loss
- Allows for early visual assessment of the wound
- Commercially available in US (Vericel), Japan (Kaken), India (BSV) and Europe

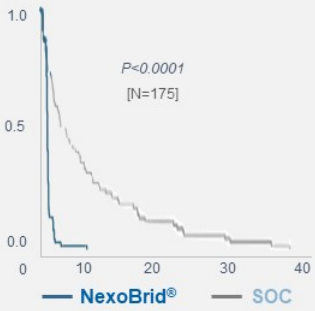


Easy-to-use, topical application at patient's bedside

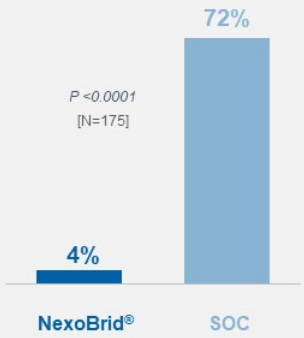
NexoBrid® - Phase 3 Studies Demonstrate Superiority[1]

Incidence of complete eschar removal

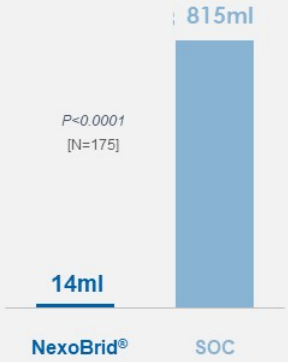
Time to complete eschar removal (days)



Incidence of surgical eschar removal



Blood loss



Safe and well tolerated | Improved scarring and comparable wound closure | Consistent results in pediatric Phase 3 study, EU Phase 3 study and post marketing data[2]

NexoBrid® - Market & Commercialization

Commercialization strategy

North America

- Commercial collaboration
- Up to $200M BARDA & DoD Contracts

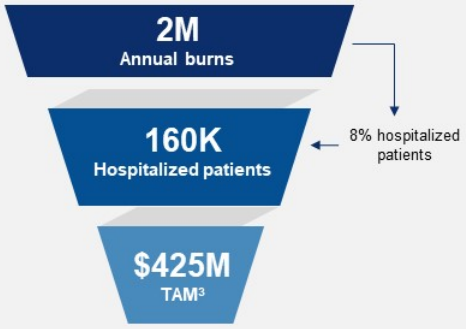
Europe

- Direct sales in 6 key markets
- Distribution in 7 territories
- Commercial collaboration (PMI)
- Included in consensus guidelines[1]

International markets

Global expansion via strategic collaborations:
Japan, India, UAE, Australia, Asia-pacific

Estimated burn patients in key markets[2]



Cost of treatment varies by country

14,000 patients treated globally supporting the benefits of NexoBrid as an Emerging SOC[4]

EscharEx®

(5% concentration)

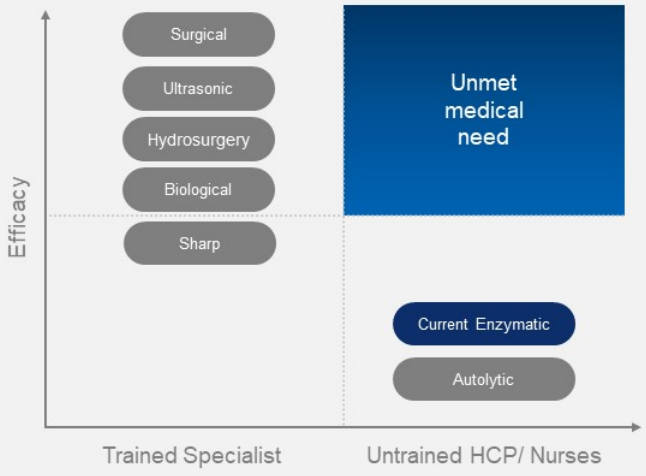
Next-Generation Enzymatic Debridement for Wound Care

Superior to SOC - Sets a new bar for efficacy	Targets **$2B market opportunity**	De-risked: Based on a validated technology

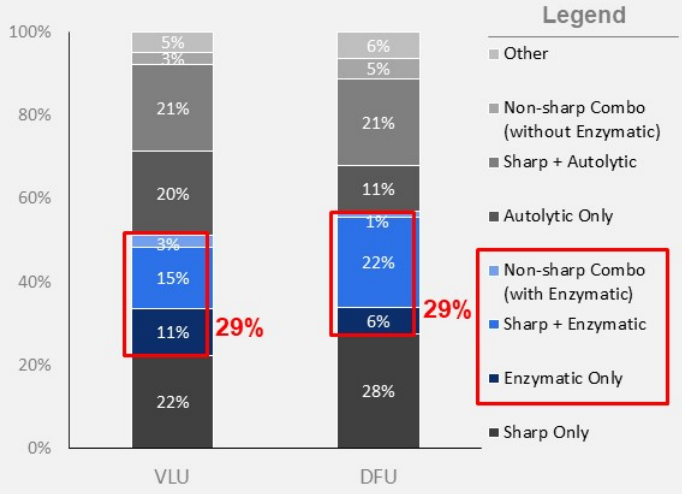
MediWound

Chronic Wound Debridement Approaches are Abundant but Sub-Optimal

Modalities by Efficacy and Convenience



Modalities by Wound Type (U.S.)[1]

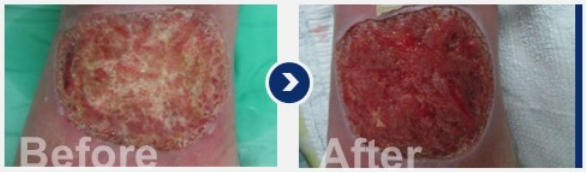


[1] OW Primary Research

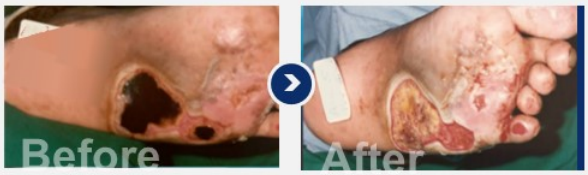
EscharEx®

Targeted for rapid debridement and granulation tissue formation in chronic & hard-to-heal wounds

Next-Generation Enzymatic Debridement - **Wound Bed Preparation[1] within Days**



VLU



DFU

- Investigational drug containing a sterile mixture of proteolytic enzymes
- Debrides chronic wounds in 4-8 daily applications
- Promotes granulation tissue, and reduction of biofilm & bacterial load
- In-line with current treatment workflows and reimbursement landscape
- Easy to use, daily topical application for outpatient setting
- Extended IP protection

[1] Wound bed preparation (WBP) = complete debridement + complete granulation

EscharEx® is Well-Positioned to Become Market Leader

EscharEx®

Investigational drug - Phase 3 in 2H 2024

Mixture of enzymes; **Multiple** targets of action

Debridement, promotion of granulation, reduction of biofilm & bacteria[4,6]

1-2 weeks, daily; Monotherapy

Controlled Phase 2 trials; **Significant superiority** over hydrogel & SOC[5]

Demonstrated to be **safe** and well-tolerated[6]

SANTYL®

Approved in the 1960s; $360M+ annual revenues (2022)
Existing reimbursement code[1]

Collagenase; **Single** target of action

Debridement[7]

4-8+ weeks, daily; Typically coupled with sharp debridement[2]

*"There is a **lack of RCTs** with adequate methodological quality"*[3]

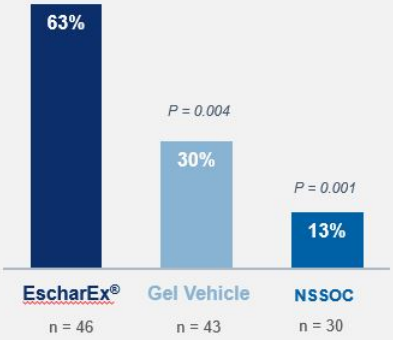
Demonstrated to be safe and well-tolerated

Data from a head-to-head study anticipated in 1H 2024

[1] OW Primary Research
[2] Lantis JC and Gordon I., 2017; Wounds
[3] Patry et al., 2017
[4] Snyder et al., 2023; Wounds
[5] SOC in the Phase 2 trial included SANTYL®
[6] Based on the data to date
[7] SANTYL® PI

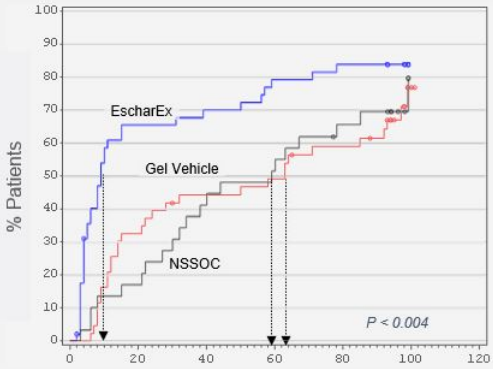
EscharEx® Phase 2 Study – **Endpoints Significantly Met**

Primary Endpoint



Incidence of complete debridement
EscharEx: 63% vs NSSOC: 13%

Secondary Endpoint

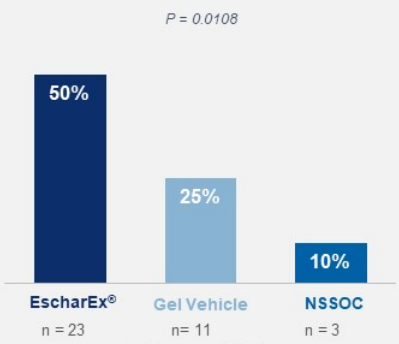


Time to complete debridement:
EscharEx: 9 days vs NSSOC: 59 days

No safety issues; Efficacy consistent with previous Phase 2 studies

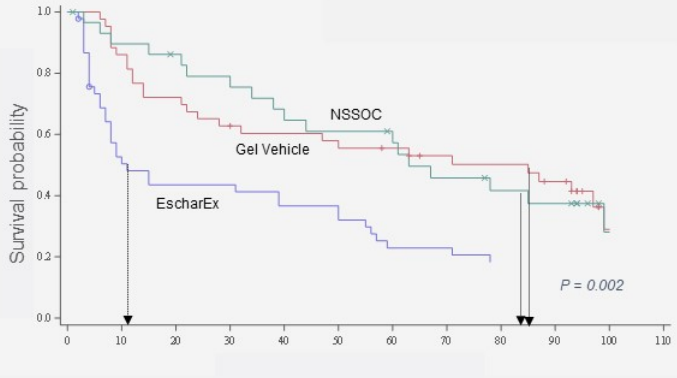
EscharEx® Phase 2 Study – **Rapid Wound Bed Preparation**

Incidence of WBP



Incidence of WBP
EscharEx 50% vs. Gel Vehicle 25%

Time to WBP



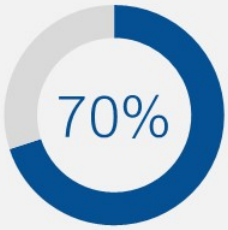
Days from start of treatment
EscharEx 11 days vs. Gel Vehicle 85 days

Subjects reaching WBP are 4.1X more likely to achieve wound closure (p = 0.0004)

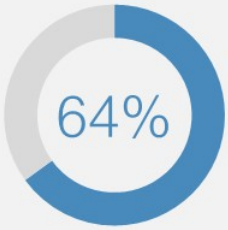
Significant correlation - WBP vs. time to wound closure. HR of 11.96 (p < 0.0001)

Faster wound bed preparation → Increased probability of wound closure

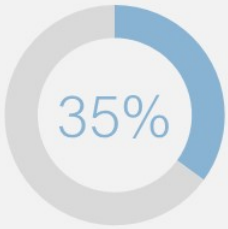
EscharEx® Phase 2 Pharmacology Results: **Fast, Safe, Effective**[1]



Complete debridement achieved within 8 applications (avg 3.9 applications)



Bioburden reduced by end of treatment



Wound size reduced by end of two-week follow-up

Biofilm substantially reduced for all patients positive for biofilm at baseline

Beyond traditional debridement: reduction in wound size, biofilm and bacterial burden

[1] Snyder et al., 2023; Wounds Journal

EscharEx® Phase 3 Study in VLU Patients

STUDY OBJECTIVES

To assess safety and efficacy of EscharEx compared to placebo in VLUs

STUDY DESIGN

A global (USA, EU, ROW)[1], randomized, double blind, adaptive design study in patients with VLUs

Two arms: EscharEx vs. placebo, 1:1 ratio

Sample size: 216 VLU patients

Treatment: up to 8 applications of 24 hours each

Total course: 12 weeks

Post Treatment Follow-Up: 3 months (to monitor wound recurrence)

Pre-defined interim assessment: after 67% of patients completed the initial 12-week period

ENDPOINTS

Co-primary:

Incidence of complete debridement

Incidence of complete wound closure

Secondary:

Incidence of 100% granulation tissue

Time to complete debridement

Time to complete wound closure

Change in wound area

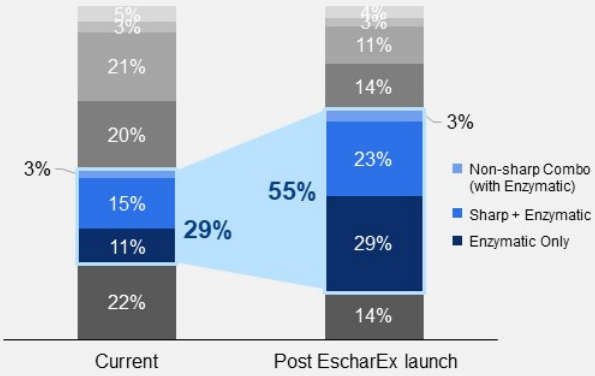
Safety:

Safety & tolerability | ECG | Change in pain | Wound infection rates | Immunogenicity

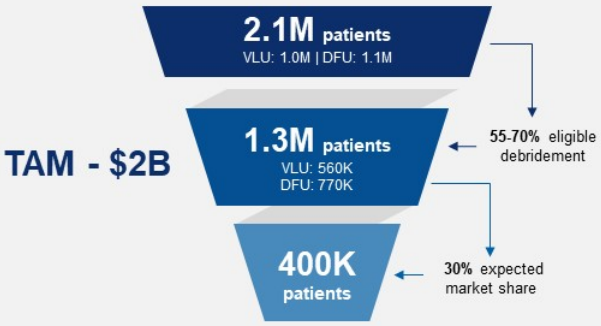
[1] R&D collaborations with 3M, Mölnlycke and MIMEDX

EscharEx® U.S. Market Opportunity[1]

Market potential growth



Epidemiology Estimate



Cost of treatment: $1,600-$2,000

EscharEx® anticipated to draw market share from all other debridement modalities

An **Established Market** With Strong Pricing Capability[1]

TARGET AUDIENCE

Site of care:

- Hospital-based outpatient department
- Wound care clinics
- Skilled nursing facilities
- Home care

Key clinicians:

- Vascular specialists
- Plastic surgeons
- Podiatrists
- Primary care physicians

REIMBURSEMENT CODE

- Existing reimbursement codes for enzymatic debridement
- Hospital Outpatient Prospective Payment System (OPPS) code 97602:

  "Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic abrasion), including topical applications(s), wound assessment, and instruction(s) for ongoing care, per session."

PRICING

- Current enzymatic debridement average cost of treatment estimated at $1,600-$2,000
- Pricing to reflect cost saving

MW005

(5% concentration)

Novel biotherapy for
Non-Melanoma Skin Cancer

Effective and safe topical application	BCC is the most frequently diagnosed skin cancer in the U.S.

MediWound

MW005

Novel Biotherapy for **Non-Melanoma Skin Cancer**

The Market

- 4.3M of BCC cases diagnosed in the US annually
- Surgery is the SOC; topical products have high AEs & recurrence rates
- SOC requires a 6-weeks treatment

MW005

- Investigational drug containing a sterile mixture of proteolytic enzymes
- Easy to use, high potency, 5-7 topical applications
- US Phase 1/2 study, demonstrated efficacy, safety and tolerability

Phase 1/2 Studies

Study	Subject	Applications	Clinical Assessment	No Recurrence Period
Phase 1/2 (POC)[1]	**N = 7** 4 superficial 2 nodular 1 morpheaform	5-6	7/7 cleared (100%)	>36 months
Phase 1/2 (U.S.)	**N = 15** 5 superficial 10 nodular	7	11/15 cleared (73%)	NA
Phase 2 (IIT)	**N = 1** 1 nodular	7	1/1 cleared (100%)	> 6 months

MW005 is safe and well-tolerated; complete clinical clearance of target lesions within 2 weeks (vs. 6+ weeks for standard BCC topicals)

Leadership Team

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Chairman

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Strategic Timeline