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 2025

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, 2025, MediWound Ltd. (the "Company") published a presentation on its website, highlighting its commercial product, its clinical products as well as certain estimates and projections as to expected future financial results and information. The presentation can be accessed on the Company's website at www.mediwound.com and is also 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, 2025. The Company does not assume any obligation to update the presentation in the future or revise any forward-looking statements to reflect actual future events or developments. 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 the presentation 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 August 29, 2024 (Registration Nos. 333-265203 and 333-281843, 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, 2025

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 2025.

Exhibit 99.1

MediWound

Next-Generation Enzymatic Therapeutics for Non-Surgical Tissue Repair

January 2025 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, 2023, filed with the Securities and Exchange Commission ("SEC") on March 21, 2024, 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; Administration for Strategic Preparedness and Response; Biomedical Advanced Research and Development Authority (BARDA), 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). 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 full-year ended 2024, as well as our estimates concerning cash as of December 31, 2024, 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, 2024. Accordingly, you should not place undue reliance on this preliminary estimate.

MediWound - 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 severe burns
EscharEx® - Debridement of chronic wounds[1]

Significant commercial opportunity

NexoBrid® - 2024 revenue of **$20M**
EscharEx® - Targets a **$2.5B U.S. market**[2]
Challenges a $375M+ dominant product

Strategic global collaborations

Vericel, Mölnlycke, Kaken, MiMedx, BARDA, EIC, DoD, PolyMedics, Mankind, Solventum

Solid balance sheet with strong investor base

Cash of $44M[3]
Runway through profitability

cGMP certified sterile manufacturing facility

6x scale-up to support global demand to be fully operational by YE 2025

1. Investigational drug **2.** Primary Research, Alira Health analysis (2025) **3.** As of December 31, 2024 (does not include EIC funding)

Core Platform - Enzymatic Technology

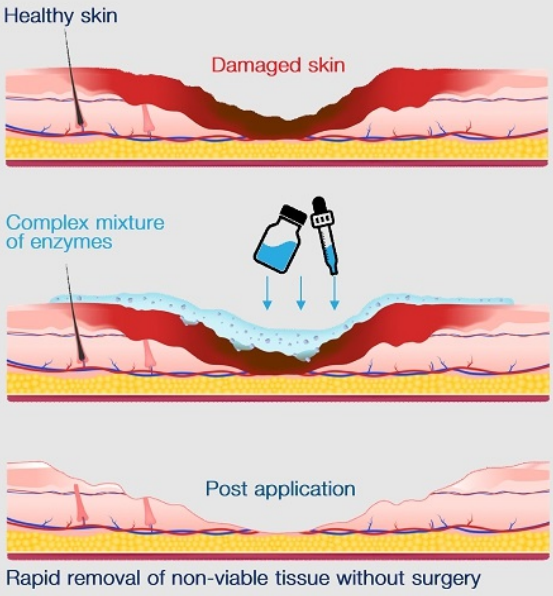
Proprietary IP protected manufacturing process

1 Pineapple stem harvest

2 Protein extraction

3 Purification, enrichment, stabilization

4 Complex mixture of proteolytic enzymes



Rapid removal of non-viable tissue without surgery

Multi-Billion Dollar Portfolio

Commercial

NexoBrid®

Disruptive therapy for burn care

Indication: Eschar removal in deep-partial and full thickness burns

Classification: Orphan biological drug

Target users: Hospitalized patients

Status: US/EU/JP approved for adult and pediatric patients

TAM[1,2] (U.S.): **$300M**

Pipeline

EscharEx®

Next-Gen enzymatic therapy for wound care[3]

Targeted indication: Debridement of chronic/hard-to-heal wounds

Classification: Biological drug

Target users: Patients in all wound care settings

Development status: Phase 3 VLU[4], Phase 2/3 DFU[5]

TAM[6] (U.S.): **$2.5B**

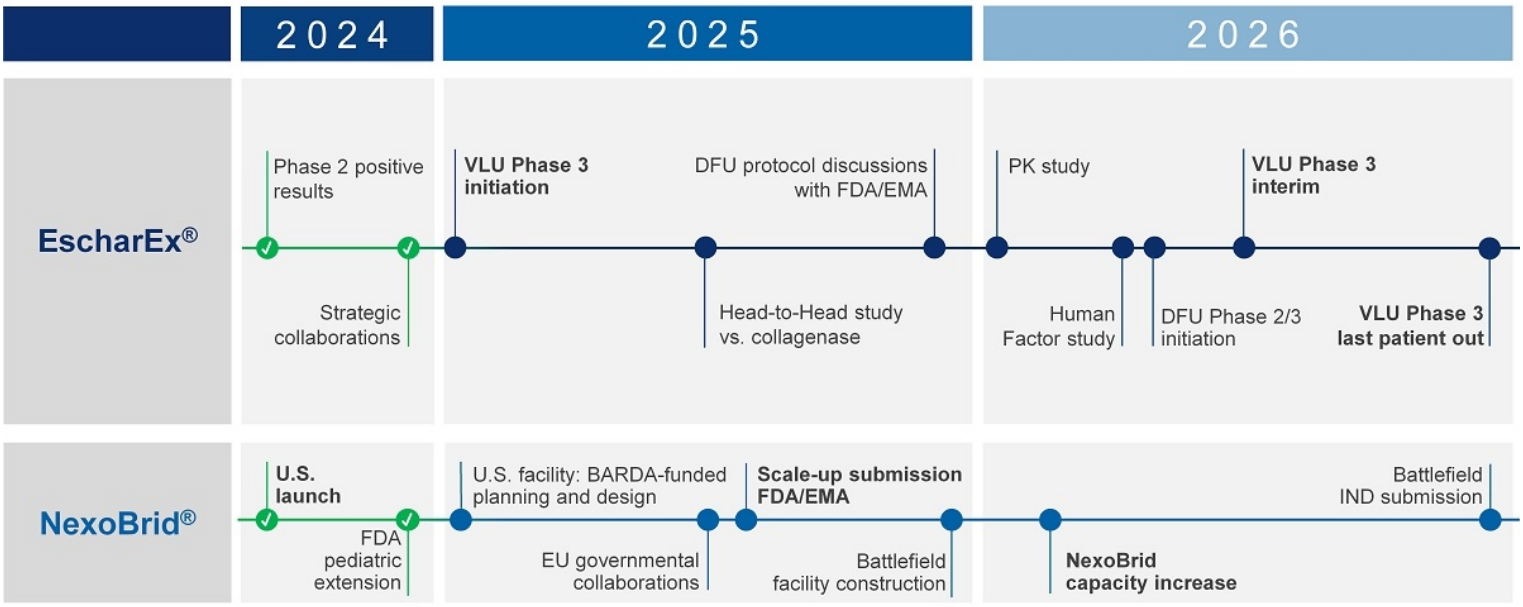
1. TAM - targeted addressable market **2.** ~90% of eligible patients require eschar removal; assumes NexoBrid average price of ~$9,000 per patient
3. Investigational drug **4.** Venous Leg Ulcers **5.** Diabetic Foot Ulcers **6.** Primary Research, Alira Health analysis (2025)

Product Pipeline

	Indication	Development	Phase 1	Phase 2	Phase 3	Registration	Marketed
NexoBrid® Collaborations: IPM, KAKEN, VERICEL, Mankind	Adult burn eschar removal	Approved					
	Pediatric burn eschar removal	Approved					
	Battlefield burn eschar removal	DoD[1] funded					
	Blast injury treatment	POC[2]					
EscharEx® Collaborations: Mölnlycke, MIMEDX, solventum	VLU debridement	P3 to initiate Q1 2025					
	DFU debridement	P2/3 preparations underway; EIC[3] funded					
	Post-traumatic wound debridement	P2 study completed					

1. U.S. Department of Defense 2. Proof of Concept 3. European Innovation Council

Value Creating Milestones



Financial Highlights

BALANCE SHEET

$44M in cash[1]

No debt

€16.25M funding from EIC

REVENUE

2024 revenue of **$20M**
NexoBrid® is profitable

Scale-up will potentially increase gross margin to **65%**

$115M+ received from BARDA
$15M funded by DoD

EQUITY

Outstanding shares: 10.8M
Fully diluted: 14.8M

Nasdaq | MDWD

ANALYSTS:

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

1. As of December 31, 2024 (does not reflect the EIC funding)

NexoBrid®

(8.8% concentration)

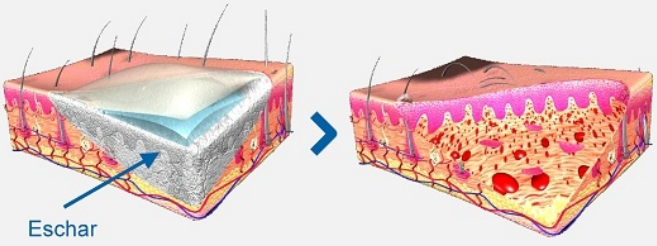
Early, effective and selective non-surgical eschar removal for severe burns

Validated & commercialized	Approved in 40+ countries including US, EU, JP; 14,000+ patients treated to date

MediWound

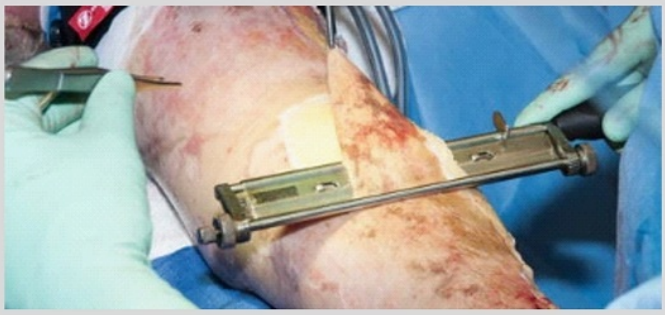
First Step in Burn Care - **Eschar Removal**

Removal of non-viable tissue is critical for **wound healing**



Prevents infection and sepsis	Stops deterioration and scarring	Reveals tissue for medical evaluation

Surgical removal of eschar is **traumatic & non-selective**[1,2]



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

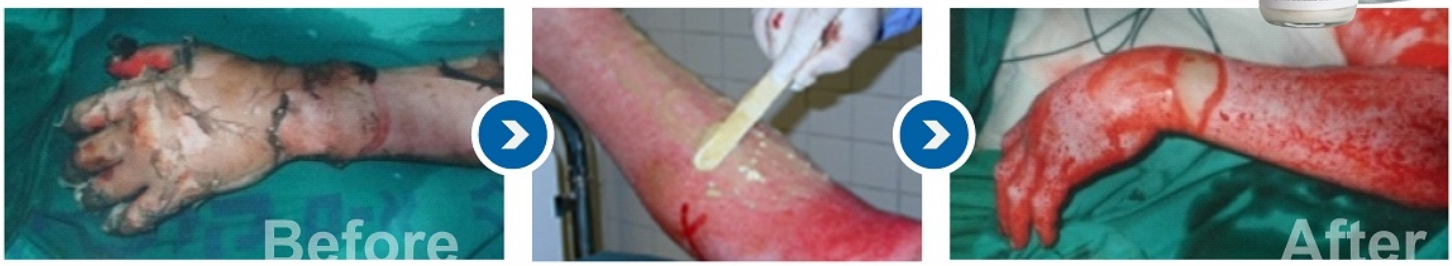
1. Edmondson et al., 2018; Burns 2. Gurfinkel et al., 2010; Can J Plast Surg

NexoBrid® Non-Surgical, Simple, Selective, Effective

Indication: Eschar removal of deep partial-thickness and/or full-thickness thermal burns

Commercial availability: US (Vericel), Japan (Kaken), Europe (direct, and PMI), India (Mankind)

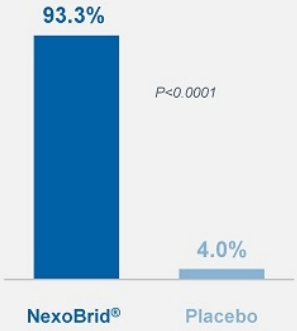
Government support: $115M+ received from BARDA & DoD Contracts



- Easy-to-use
- Topical application at patient's bedside
- Removes eschar within 4 hours
- Preserves viable tissue
- Enables visual medical assessment
- Reduces need for surgery
- Reduces blood loss
- Improves patient outcomes (scar quality and function)

Phase 3 Studies Demonstrate Superiority[1]

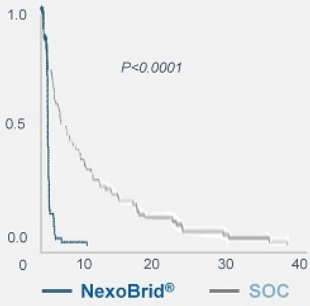
Incidence of complete eschar removal



[N=100 (75,25)]

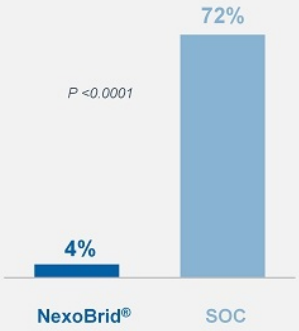
Time to complete eschar removal

(days)



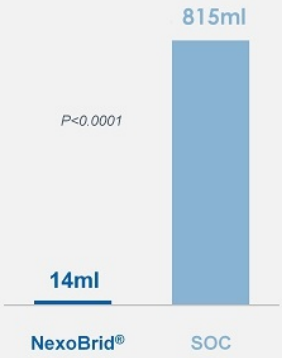
[N=150 (75,75)]

Incidence of surgical eschar removal



[N=150 (75,75)]

Blood loss

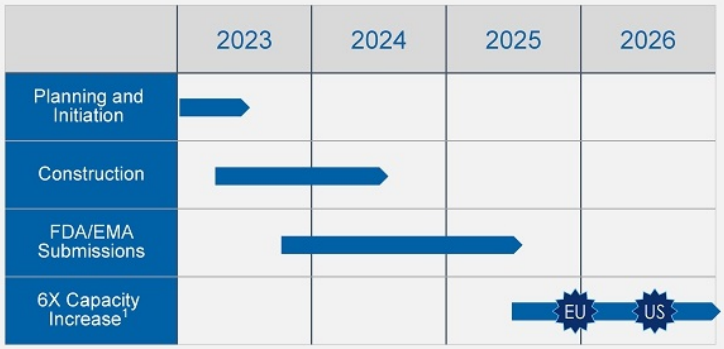


[N=150 (75,75)]

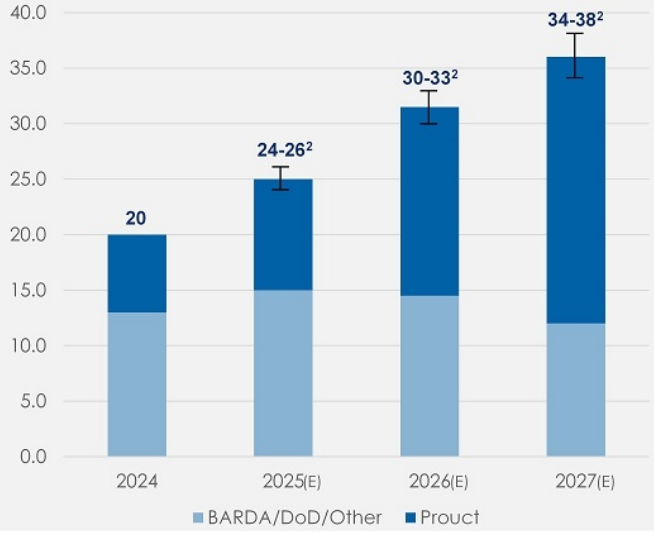
Safe and well-tolerated | Improved scarring and comparable wound closure | Consistent across various studies[2] and post-marketing data[3]

Growth Supported by **Facility Scale-Up**[1]

Full manufacturing capacity anticipated in 2025/6



NexoBrid® target revenue ($M)



1. Global demand exceeds current manufacturing capability 3X 2. Subject to regulatory approvals 3. Variability driven by development services revenue

EscharEx®

(5% concentration)

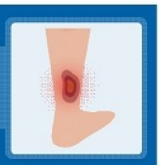
Next-Generation Enzymatic Debridement Candidate for Chronic Wounds

Superior to SOC - aims to set a new bar for efficacy	$2.5B TAM opportunity	De-risked - validated technology and successful Phase 2 trials

MediWound

EscharEx® Targets **Lower Extremity Chronic Ulcers**

VLU Venous Leg Ulcers



Underlying pathology - Chronic venous insufficiency

Affects - Lower leg or ankle

Ulcer characteristics - Large, shallow ulcers; moderate/severe pain

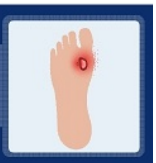
Prevalence – 2% of population age 65+
1.5M+ new cases annually (US)[1]

Complications - Infection, pain, disability

Societal impact - Substantial healthcare burden, low QoL

Management - Debridement, wound bed preparation, compression therapy, control inflammation and infection, promote healing

DFU Diabetic Foot Ulcers



Underlying pathology - Diabetes (Type I/II)

Affects - Mostly bottom of the foot

Ulcer characteristics - Small, deep ulcers; varying pain levels

Prevalence - 25-34% of diabetics develop DFU in their lifetime
2.2M+ new cases annually (US)[1]

Complications - Infection, sepsis, amputation, death

Societal impact - Substantial healthcare burden, low QoL

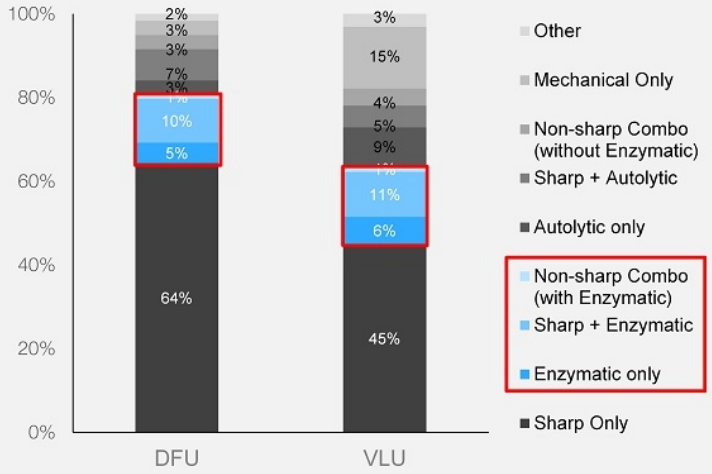
Management - Debridement, wound bed preparation, offload pressure, moist wound healing, control inflammation and infection, promote healing

1. Primary Research, Alira Health analysis (2025)

Chronic Ulcers: **Current Debridement Treatments are Sub-Optimal**

Modalities by efficacy and complexity

Modalities by ulcer type (U.S.)[1]



1. Primary Research, Alira Health analysis (2025)

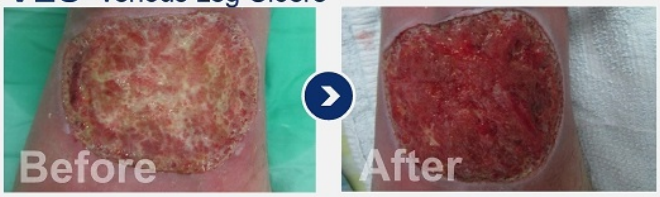
EscharEx® Enzymatic Debridement within Days

Indication: Rapid debridement and promotion of healthy granulation tissue (WBP) in chronic and hard-to-heal wounds[1,2]

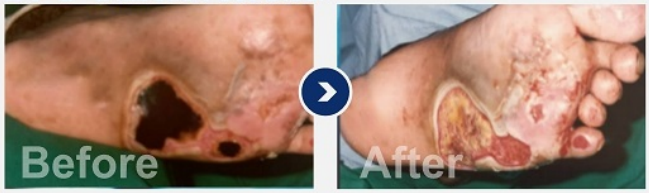
Status: Investigational drug

- Debrides chronic ulcers within 4-8 daily administrations
- Easy-to-use topical application
- Designed for all patient settings
- Reduces bacteria and biofilm
- Promotes granulation tissue
- Aligns with treatment workflows & reimbursement landscape

VLU Venous Leg Ulcers

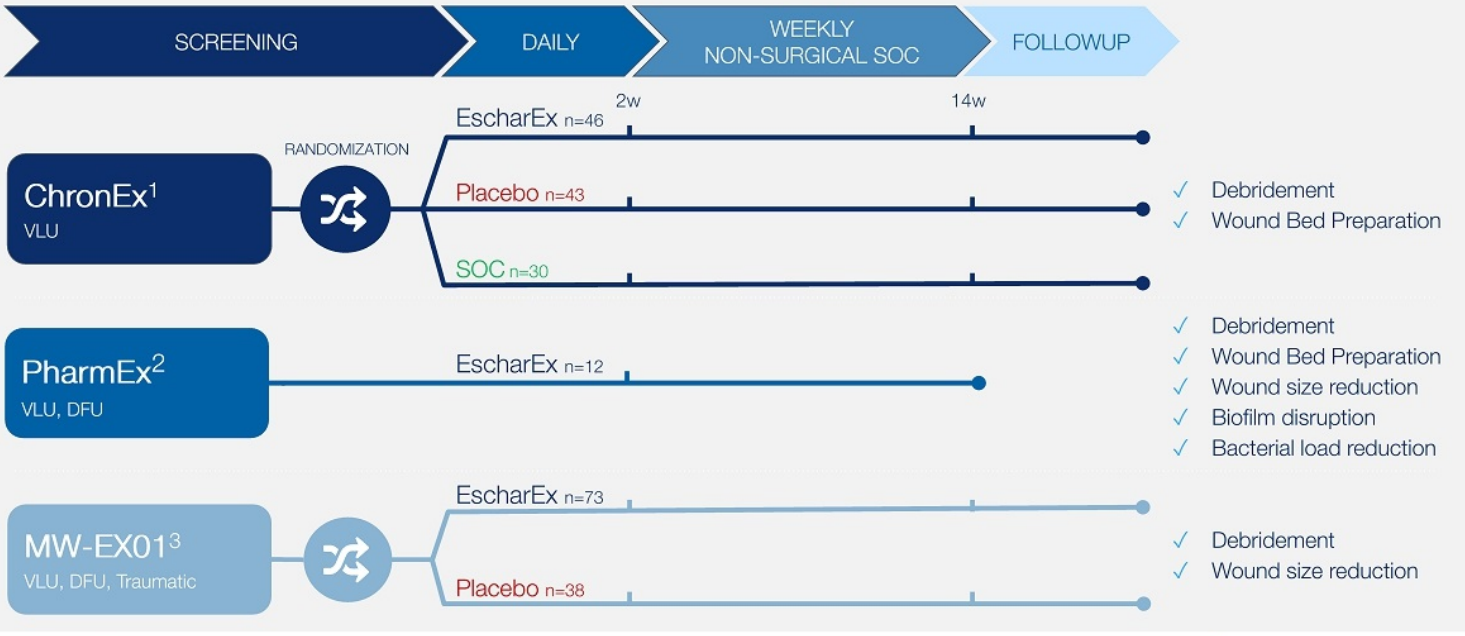


DFU Diabetic Foot Ulcer



1. Wound bed preparation (WBP) = complete debridement + complete granulation 2. Snyder et al. 2025; Wounds Journal

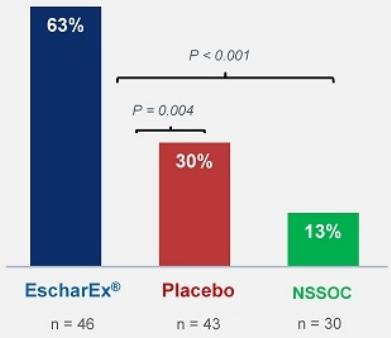
Robust and Consistent Results in Three Phase 2 Studies



1. Shoham et al. 2024; LANCET's eClinicalMedicine 2. Snyder et al. 2023; Wounds Journal 3. Shoham et al. 2021; Wound Rep Reg

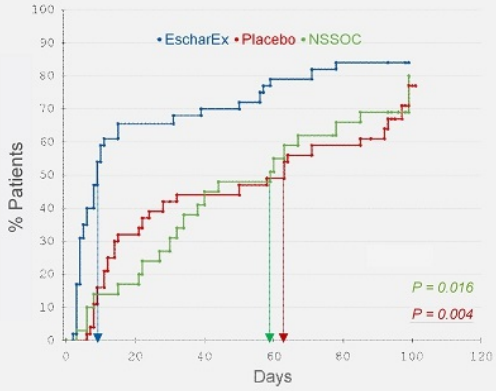
ChronEx Phase 2 Study[1] - **Endpoints Significantly Met**

Complete debridement within 2 weeks (primary endpoint)



EscharEx is superior to placebo and non-surgical SOC (NSSOC)

Time to complete debridement

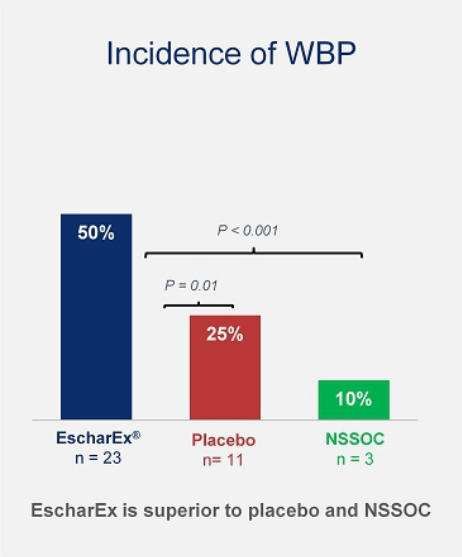


EscharEx: 9 days vs. NSSOC/placebo: 59/63 days

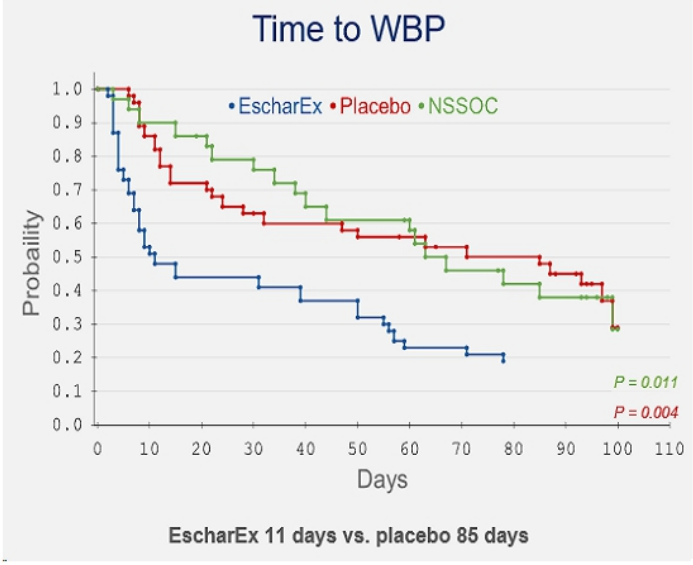
No safety issues observed; efficacy results consistent with previous Phase 2 studies[2]

1. Shoham et al. 2024; LANCET's eClinicalMedicine **2.** Snyder et al. 2023; Wounds Journal; Shoham et al. 2021; Wound Rep Reg

ChronEx Phase 2 Study[1] - **Rapid Wound Bed Preparation Achieved**



EscharEx is superior to placebo and NSSOC



EscharEx 11 days vs. placebo 85 days

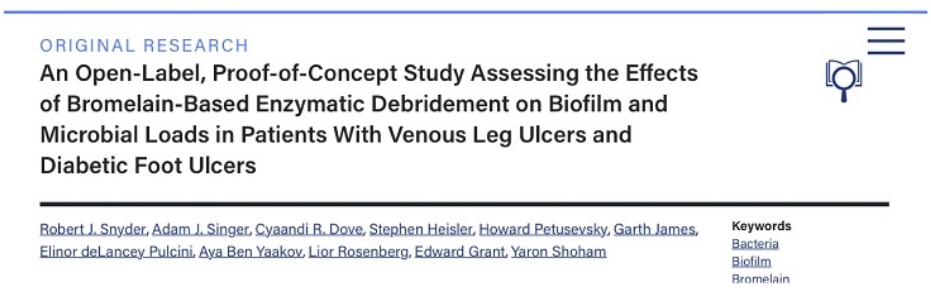
WBP & Healing

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

Significant correlation of WBP vs. time to wound closure. HR[2] of 11.96 (p < 0.0001)

Study suggests that faster wound bed preparation increases the probability of wound closure

PharmEx Phase 2 Study - **Surpassing Traditional Debridement**



WOUNDS

ORIGINAL RESEARCH

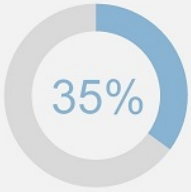
An Open-Label, Proof-of-Concept Study Assessing the Effects of Bromelain-Based Enzymatic Debridement on Biofilm and Microbial Loads in Patients With Venous Leg Ulcers and Diabetic Foot Ulcers

Robert J. Snyder, Adam J. Singer, Cyaandi R. Dove, Stephen Heisler, Howard Petusevsky, Garth James, Elinor deLancey Pulcini, Aya Ben Yaakov, Lior Rosenberg, Edward Grant, Yaron Shoham

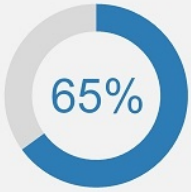
Keywords
Bacteria
Biofilm
Bromelain

Results[1]

Reduction in wound size, biofilm and bacterial burden[2]



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



Bioburden reduction by end of treatment

Complete debridement within 8 applications

Biofilm reduced for patients positive at baseline

EscharEx® Well-Positioned to Become **Market Leader**[1]

EscharEx®

Investigational drug - Phase 3 expected to begin in 1Q 2025

Mixture of enzymes; **multiple** targets of action

Debridement, promotion of granulation, reduction of biofilm & bacteria[5,7]

1-2 weeks, daily; Monotherapy

Controlled Phase 2 trials; **significant superiority** over hydrogel & SOC[6]

Demonstrated to be safe and well-tolerated[7]

SANTYL®

Approved in the 1960s; $375M+ annual revenues (2023)
Existing reimbursement code[2]

Collagenase; **single** target of action

Debridement[8]

4-8+ weeks, daily; typically coupled with sharp debridement[3]

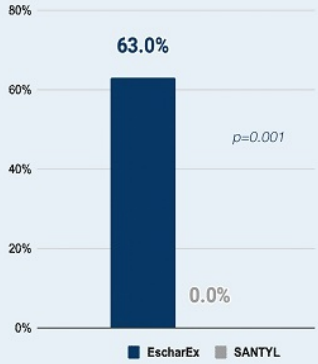
*"There is a **lack of RCTs** with adequate methodological quality"*[4]

Demonstrated to be safe and well-tolerated

1. The comparison presented represent cross-trial comparison **2.** OW Primary Research **3.** Lantis JC and Gordon I., 2017; Wounds **4.** Patry et al., 2017
5. Snyder et al., 2023; Wounds **6.** SOC in the Phase 2 trial included SANTYL® **7.** Based on the data to date **8.** SANTYL® PI

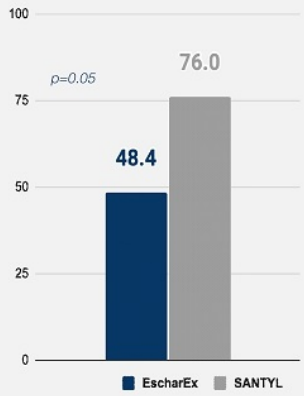
EscharEx® vs. SANTYL® **Head-to-Head Data**[1]

Incidence of complete debridement in 2 weeks



Time to achieve WBP

Time to wound closure



Patient-reported pain[2]

EscharEx® VALUE Phase 3 Study in VLU Patients

STUDY OBJECTIVES

To assess safety and efficacy of EscharEx compared to placebo in VLU patients

STUDY DESIGN

A global (US, EU, ROW), randomized, double blind, adaptive design study in VLU patients

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

Sample size: 216 VLU patients

Study design:

- Daily treatment: Up to 8 applications over 2 weeks, followed by 10 weeks of standardized wound management
- Active wound closure (CTP/ autograft) for patients reaching WBP
- 12 weeks durability follow-up for patients that reached wound closure

Pre-defined interim assessment: Conducted 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

EscharEx® Planned **Phase 2/3 Study in DFU Patients**

STUDY OBJECTIVES[1]

To assess safety and efficacy of EscharEx compared to placebo in patients with DFU

1. Subject to agreements with FDA/EMA

STUDY DESIGN

A global (US, EU, ROW), randomized, double blind, adaptive design study in patients with DFUs

Three arms: EscharEx, placebo and SOC (SOC will be dropped early in the study)

Sample size: 240 DFU patients

Study design:

- Daily treatment: Up to 8 applications over 2 weeks, followed by 10 weeks of standardized wound management
- Active wound closure (CTP/ autograft) for patients reaching WBP
- 12 weeks durability follow-up for patients reaching wound closure

Pre-defined interim assessment

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

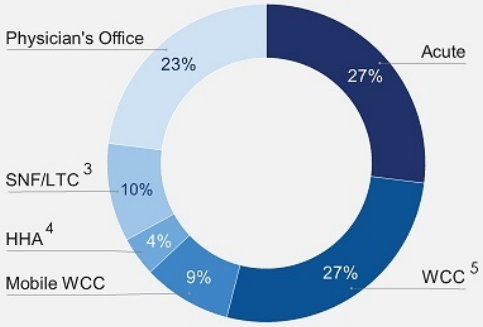
Change in wound area

Safety:

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

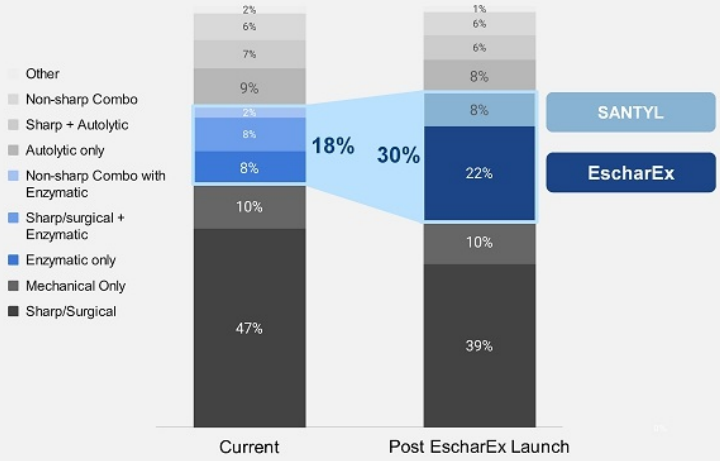
Primary Research Shows **EscharEx Transforms Market**[1]

All care settings report[2] strong drivers for adoption



Ease of use | Reduced treatment duration | Reduction readmission risk | Accelerated wound healing | Reimbursement maximization | Accelerated debridement

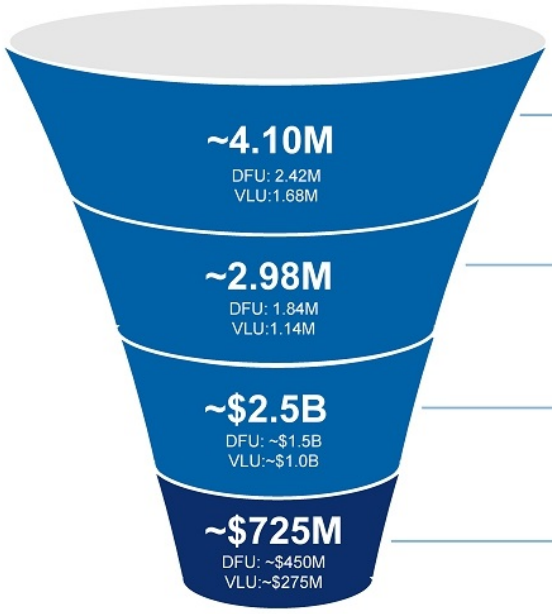
EscharEx draws share across all debridement modalities[6]



EscharEx®

1. Alira Health analysis (2025) **2.** Qualitative (N=21), quantitative (N=96) across all care settings, HCPs and payors
3. Skilled Nursing Facilities/Long-Term Care **4.** Home Health Agencies **5.** Wound Care Centers **6.** VLUs and DFUs

$725M Projected Peak Sales in $2.5B TAM in U.S.[1]



DFU & VLU prevalence

Estimated 2028 total patient population[2] **2.42M DFU** and **1.68M VLU**, (**4.10M total)**

DFU & VLU debridement patients

Percent of patients undergoing debridement quantified through **survey** and refined via **qualitative interviews: 72%** (76% of DFU, 68% of VLU)

2028 Total Addressable Market for Enzymatic Debridement

Based on **average treatment cost of $851 per patient**, resulting in a **TAM of $2.5B**

Estimated Peak Sales of EscharEx in 2033[3]

Peak projected revenue for **EscharEx**: **$725M**, based on estimated 22.3% conversion rate across all current debridement techniques.

Highly Experienced Leadership Team

Nachum (Homi) Shamir
Chairman

Luminex · GI EN IMAGING · Kodak

Ofer Gonen
CEO

gamida cell · CACTUS · CBI

Dr. Shmulik Hess
COO & CCO

ENLIVEX · TABBY THERAPEUTICS · Valin Technologies

Dr. Ety Klinger
Chief R&D Officer

teva · PROTEO LOGICS · TEL AVIV UNIVERSITY

Barry Wolfenson
EVP Strategy & Corp Dev.

DERMASCIENCES · ANDERSEN CONSULTING · Bristol Myers Squibb

Hani Luxenburg
CFO

AstraZeneca · BIRD · EY

Dr. Robert J. Snyder
CMO

Systagenix · 3M · Johnson & Johnson

Strategic Timeline