UNITED STATES SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE **SECURITIES EXCHANGE ACT OF 1934**

Date of report (Date of earliest event reported): July 31, 2023

IR-MED, INC.

000-56492

84-4516398

Nevada

(State or Other Jurisdiction Of incorporation)	(commission File Number)	(IRS Employer Identification Number)
ZHR Industrial Zon (Address of Principal		1231400 (Zip Code)
	+ 972-4-655-5054 (Registrant's telephone number, including area	code)
(F	Not applicable ormer name or former address, if changed since la	ast report)
Check the appropriate box below if the Form 8-K filing is in	ntended to simultaneously satisfy the filing obligation	tion of the registrant under any of the following provisions:
☐ Written communications pursuant to Rule 425 under the	e Securities Act (17 CFR 230.425)	
☐ Soliciting material pursuant to Rule 14a-12 under the E	xchange Act (17 CFR 240.14a-12)	
☐ Pre-commencement communications pursuant to Rule	14d-2(b) under the Exchange Act (17 CFR 240.14	dd-2(b))
☐ Pre-commencement communications pursuant to Rule	13e-4(c) under the Exchange Act (17 CFR 240.13	e-4(c))
Securities registered pursuant to Section 12(b) of the Act:		
Title of each class	Trading Symbol	Name of each exchange on which registered
N/A	N/A	N/A
Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12		ule 405 of the Securities Act of 1933 (§230.405 of this chapter) or
Emerging growth company \square		
If an emerging growth company, indicate by check mark if accounting standards provided pursuant to Section 13(a) of the standards provided pursuant to Section 13(b) of the standards provided pursuant to Section 13(b) of the standards provided pursuant to Section 13(b) of the standards provided pursuant to Section 13(c) of the standards provided pursuant to Section 13(c) of the standards provided pursuant to Section 13(d) of the standards pursuant to Section 13(d) of the standards provided pursuant to Section 13(d) of the standards pursuant to Section 13(d)		transition period for complying with any new or revised financial
Item 7.01 Regulation FD Disclosure.		
to provide updates and summaries of its business. On July	31, 2023, the Company posted an updated corporn is furnished pursuant to Item 7.01 as Exhibi	nunity at various industry and other conferences slide presentations orate slide presentation in the "Investors" portion of its website at it 99.1 hereto. The Company undertakes no obligation to update,
Item 9.01 Financial Statements and Exhibits.		
(d) Exhibits		
Exhibit		
No. Description 99.1 Investor presentation		
104 Cover Page Interactive Data File (embedded with	nin the Inline XBRL document)	

duly authorized.

IR-Med, Inc.

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

Date: July 31, 2023



SENSING THE INVISIBLE

NON-INVASIVE BIOMARKER ANALYSIS OF BLOOD AND TISSUE AT THE POINT OF CARE Addressing multi billion \$ diagnostics & monitoring market

OTCQB: IRME www.ir-medical.com

Forward-looking Statement

This presentation of IR-MED Inc. (the "Company") contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995 and other securities law. Words such as "expects," "intends," "plans," "believes," "seeks," "estimates," and similar expressions or variations of such words are intended to identify forward-looking statements. For example, the Company is using forward-looking statements when it discusses its vision, the potential of its product, its potential future products and strategy, the market potential of its product, the commercialization of its products, the expected timeline of regulatory submissions and approvals of its products and its future growth. 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 or indicated by the forward-looking statements. Forward-looking statements are subject to risks and uncertainties that could cause actual performance or results to differ materially from those expressed in the forward-looking statements. For a more detailed description of the risks and uncertainties affecting the Company, the reference is made to the Company's reports filed from time to time with the Securities and Exchange Commission (the "SEC"), including, but not limited to, the risks detailed in the Company's Annual Report on Form 10-K/A for the year ended December 31, 2022, filed with the SEC on May 11, 2023, and in subsequent filings made by the Company with the SEC. Forward-looking statements speak only as of the date the statements are made. The Company assumes no obligation to update forward-looking statements to reflect actual results, subsequent events or circumstances, changes in assumptions or changes in other factors affecting forward-looking information except to the extent required by applicable securities laws.

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Overview

IR-MED's patented spectrographic Al-based technology platform brings biomarker profiling to point of care devices, providing healthcare professionals with non-invasive, skin tone agnostic, real-time data-driven analysis of blood and tissue to identify medical conditions.

CHANGING TREATMENT PARADIGMS & ECONOMICS IN MULTI-BILLION DOLLAR MARKETS¹

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1) Markets and Markets 2) NPIAP Fact Sheet



Pressure Injury U.S. Market Economics

U.S. Distributor in Place and Ready for Launch H1 2024 **Pending Regulatory Approval**

Recurring Revenues:



Pay Per Use based on disposable tip used per patient test

Device sales/lease



SaaS for cloud-based data



Nursing Homes:

15,600 with 1.7 million beds, typically occupied by 1.3 million patients¹

Hospitals:

~6,000 with many departments having patients at risk of developing pressure injuries, e.g. ICU, and others

Home-Care:

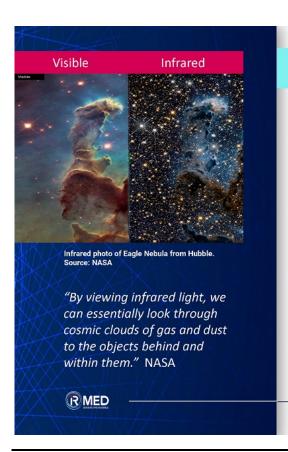
Millions of patients

Estimated total addressable market: 200+ million tests annually, average 2 tests/week

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1) U.S. Centers for Disease Control

2) Based on 2.4 million beds according to the American Hospital Association and the U.S. Centers for Disease Control



Bringing Galaxy-Seeking Technology to Point of Care: InfraRed

From James Webb to the human body, infrared light can be harnessed for non-invasive analysis of blood and tissue.

Infrared light was first used in a space telescope in 1983.

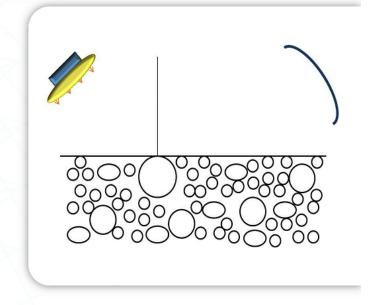
Today, infrared technology helps us see beyond and behind what's visible in distant galaxies.

IR-MED's patented miniature platform technology uses infrared light and proprietary Artificial Intelligence (AI) to see under the skin's surface and address substantial unmet medical needs.

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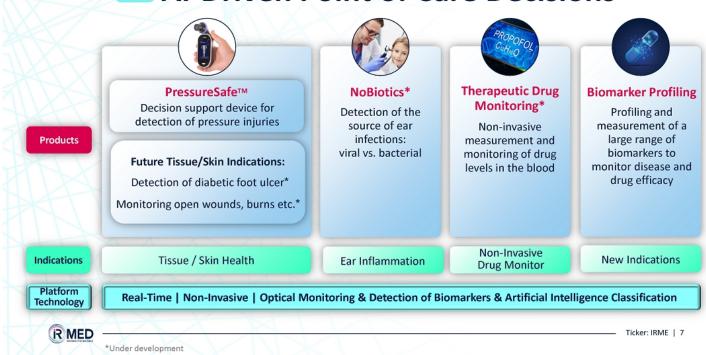
HOW IT WORKS

- Biomarker profiles are identified for each medical condition
- A handheld device that contains miniaturized electronics and passive sensors sends and detects visible light and infrared light
- The light is used to acquire biological information by assessing light reflected from different layers under the skin's surface
- 4) Sensor results are classified and analyzed by an Al cloud-based system at the point of care into the predefined conditions



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Al-Driven Point of Care Decisions



Product Pipeline

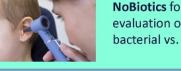


PressureSafe™ decision support device for early detection and prevention of pressure injuries Usability Study & Advanced Development



NoBiotics for improved evaluation of ear infections: bacterial vs. viral

- Target nursing homes, home care providers & hospitals
- \$26.8 B is total cost annually of pressure injuries in the U.S.
- \$2.9 B1 global TAM
- Commercial launch target H1 2024*



- Target pediatricians, family doctors, and ENT specialists
- \$11.7 B² global ear infection treatment market



Detection and **Monitoring** of levels of pharmaceuticals in blood

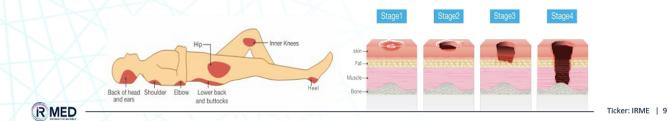
Proof of Concept Completed

- Target therapeutic drug monitoring market
- \$1.8 B³ global market
- Evaluating several drugs for GoToMarket

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Pressure Injuries

- Pressure injuries are skin conditions caused by mechanically-induced ischemia
- Most pressure injuries occur over bony prominences (such as heels and sacrum) where there is compressed or diminished tissue; External pressure further hampers regular blood supply to the tissue
- Currently, visual inspection is used to detect and classify pressure injuries according to depth, width, degree of tissue loss and presence of granulated tissue
- Stage 1 pressure injuries present in intact skin surface with non-blanchable redness of a localized area;
 Early detection is particularly challenging in darker-toned pigmented skin



Major Source of Inequality in Healthcare



Pressure injuries are less likely to be detected with visual inspection on dark skin tones

- Delays early identification and treatment
- Results in more severe pressure injuries
- Increases financial costs for healthcare organizations

Research shows that people with dark skin tones suffer from pressure injury more than twice as much as those with lighter skin

- Higher pressure injury rates
- Higher risks of mortality from pressure injuries
- More severe pressure injuries

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Tremendous Healthcare Burden in the US



- 60,000 patients die every year as a direct result of pressure injuries
- 2.5 million patients per year develop a pressure injury
- Patient care cost per pressure injury ranges from \$20,900 up to \$151,700
- One of the 5 most common harms experienced by patients
- 2nd most common claim for lawsuits after wrongful death
- Hospital acquired pressure injury rates are increasing while all other hospital acquired conditions are decreasing
- Pressure injuries occur across the healthcare spectrum
 - 10% are acute care patients
 - 25% are long term acute care patients
 - 12% are in nursing homes
 - 12% are in rehabilitation centers

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Source: NPIAP fact sheet 2023

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Features & Benefits

^oressureSafe™



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PressureSafe™

Fast decision support system with high accuracy **Advantages**

- User-friendly, non-invasive, handheld device for real-time monitoring and preemptive detection of Stage 1 pressure injury and deep tissue injury
- Effective regardless of skin tone: calibration to patient skin tone and tissue parameters
- Device is gently touched to specific points of skin that are at high risk to develop pressure injury such as heels, sacrum etc.
- Integrates with electronic medical/hospital records
- Designed for easy expansion into a comprehensive wound management system
- Designed to improve healthcare economics thorugh heatlhcare worker efficiency and reduced harm/incidence of pressure injuries



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Interim Usabilty Study Results



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Usability Study

Conducted at 2 hospitals owned by Clalit, world's 2nd largest HMO and Israel's largest, with 4 million members, 14 medical centers, 1,500 clinics Beit Rivka - Geriatric Medical Center, Israel Rabin Medical Center - Leading General Hospital, Israel

370 scans on 25 patients 96% sensitivy 91% specificity

No Safety signals were identified on 44 patients

Indication

Decision Support Device for Detection of Pressure Injuries

Regulatory Status

U.S. FDA: Submission planned for Q4 2023

EU, UK, and Canada: Submissions are planned

Drivers for Rapid Adoption of PressureSafe™ by U.S. Hospitals, Acute & Long-Term Care Facilities

- \$26.8 billion total cost of acute care attributable to hospital-acquired pressure injuries; Medicare beneficiaries alone account for \$22 billion
- US Centers for Medicare and Medicaid Services reduced the reimbursement related to hospital-acquired pressure injuries; Hospitals have to pay more of the financial burden of these harms
- Most hospital-acquired pressure injuries are preventable but 2.5 million people get them in acute care facilities each year
- Results in extensive harm chronic wounds and 60,000 death annually

Pressure Injury Deaths Compared to Other Major Causes Annually		
Drug overdose	63,600	
Pressure injuries	60,000	
Influenza	56,000	
Suicide	44,000	

"Hospitals should invest more in quality improvement of early detection and care for pressure injury to avoid higher costs." Peer-reviewed study recommendation

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Source: "The national cost of hospital-acquired pressure injuries in the United States" International Wound Journal, January 28, 2019

NoBiotics

Detects cause of ear infection: viral vs. bacterial

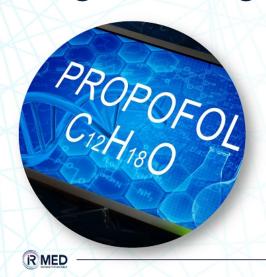
- 20 million¹ children annually in the U.S. visit the doctor's office due to middle ear infections
- Doctors have no way of instantly discerning whether fluid buildup behind the patient's eardrum is bacterial or viral in origin; Current tools are only accurate 50% of the time²
- Children under 6 years of age are the largest consumers of antibiotics³
- Over-usage of antibiotics raises concerns about the development of antibiotic-resistant bacteria¹
- NoBiotics is being developed as an advanced otoscope that will give doctors an immediate indication if an ear infection is viral or bacterial
- Aims to improve treatment and avoid unnecessary prescription and use of antibiotics



1) Cochrane 2) Otolaryngologic Clinics of North America 3) Open Forum Infectious Diseases



Therapeutic Drug Monitoring



Developed as a replacement for frequent blood tests to monitor drug levels/trends in blood:

- Proof-of-concept clinical study for non-invasive spectral analysis technology monitoring real-time on-line Propofol concentration changes in 40 patients receiving IV Propofol in short anaesthesia procedures was successfully performed
- Propofol (a commonly used sedative) was used as a model drug
- Technology can be applied to large variety of drugs
- Implementation may be as a point-of-care device or as a personal wrist-based device
- Currently evaluating drugs to select a first candidate for go-to-market
- Currently evaluating potential partnerships

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Upcoming Milestones

Uplist to Nasdaq/NYSE

Q4 2023 Q1 2024 H2 2024 H2 2025 PressureSafe™: PressureSafe FDA submission FDA approval PressureSafe response expected launch in U.S.* launch in Europe* Usability study in large hospital in U.S.

NoBiotics: 2024: Key developments expected in biomarker profiles

Therapeutic Drug Monitoring: 2025: Key developments expected with regards to drug candidates and potential partnerships

Timelines are subject to change. There is inherent risk and variability regarding the overall regulatory process. Approval by the FDA and European Medicines Agency may not be granted, or such regulators may have input and required edits with respect to the intended regulatory submissions.

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*Pending regulatory approvals.

Equity Summary

Fully reporting company listed on OTCQB

Ticker: IRME

(as of July 24, 2023)

Price Per Share: \$1.12 52-Week High: \$1.95 Market Cap: \$77.1 M

Shares Outstanding: 68.8 M

Held by Insiders: 64%

Cash on Hand (3/31/2023): \$2.1 M

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Leadership



Oded Bashan Executive Chairman & Interim CEO

Over 40 years of experience in managing, building and running technology companies. Founder & CEO of OTI, a NASDAQ traded global technology leader with more than 250 employees.



Ronnie Klein Co-Founder & CTO

A medical device and biotech expert with a strong clinical background and target driven leader. 25 years of experience in taking good ideas into medical products. Over 30 patent submissions.



Yaniv Cohen PhD

Co-Founder & CSO

A skilled scientist and entrepreneur, with years of experience leading R&D development for medical devices companies. His fields of expertise include electro-optics, infrared spectroscopy and medical devices using infrared light.



Sharon Levkoviz CFO

Served as regional manager of Achdut Israel Ltd., Chief Controller at OTI Global, Chairman of Finance and Human Resource Committee at Ohalo College and as a Director at the development company of Katzrin.



Yoram Drucker VP Business Development

Successful Israeli entrepreneur and expert in the establishment of startups. Co-founded Pluristem (NASDAQ:PSTI), Brainstorm (NASDAQ:BCLI) and InnoCan Pharma (CSE:INNO).



Aharon Binur Chief Development Officer

Electronics engineer with extensive experience in multidisciplinary technological management. Served as VP of R&D and Products at OTI, CTO and VP of R&D at Lehavot.

Advisory Board



Dr. Lynn Eschenbacher PharmD, MBA, FASHP, CPEL

As an innovative executive driving positive outcomes and profitability, Dr. Eschenbacher is focused on addressing healthcare access and equity. As CEO and Founder of Echelon Health Strategies, she develops and delivers innovative strategies, operational excellence, and relationship networking to drive growth resulting in positive business outcomes and profitability. Among her many accomplishments, Dr. Eschenbacher was Chief Pharmacy Officer and VP of Medication Management at Ascension Healthcare, the second largest non-profit health system in the United States.



Dr. David Dalton
PharmD, MBA, FASHP, CPEL

Dr. Dalton is a Hall of Fame CEO, entrepreneur, pharmaceutical executive, and founder of over 40 companies. He is currently Board Director and Executive Chairman of six companies and leads the chain drug industry as the first black executive. His accolades include being an inductee in three halls of fame and a recipient of the Senatorial Medal of Freedom. Dr. Dalton was also selected by the International Forum on Advancement in Healthcare (IFAH) as one of the "Top 100 Healthcare Leaders" in 2019 and "Top 100 Healthcare Visionaries Award" in 2021.



Thank You

Contact:
Sharon Levkoviz
Chief Financial Officer
Tel: +972 (0) 4 6555054
Sharon@ir-medical.com