
**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

FORM 6-K

**Report of Foreign Private Issuer
Pursuant to Rule 13a-16 or 15d-16
Under the Securities Exchange Act of 1934**

For the month of December 2019

Commission File Number 001-38367

SOL-GEL TECHNOLOGIES LTD.

(Translation of registrant's name into English)

**7 Golda Meir Street
Ness Ziona 7403650, Israel**
(Address of principal executive offices)

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

Form 20-F ☒ Form 40-F ☐

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

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

INFORMATION CONTAINED IN THIS REPORT ON FORM 6-K

The Company is posting on its website a presentation titled “NASDAQ: SLGL”.

Attached hereto and incorporated by reference in this Report on Form 6-K is the following exhibit:

[Exhibit 99.1: Corporate presentation titled “NASDAQ: SLGL”.](#)

SIGNATURES

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.

SOL-GEL TECHNOLOGIES LTD.

Date: December 26, 2019

By: /s/ Gilad Mamlok
Gilad Mamlok
Chief Financial Officer



NASDAQ: SLGL

FORWARD-LOOKING STATEMENTS

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical facts are forward-looking statements. In some cases, you can identify forward-looking statements by terms such as “may,” “will,” “should,” “expect,” “plan,” “anticipate,” “could,” “future,” “outlook,” “intend,” “target,” “project,” “contemplate,” “believe,” “estimate,” “predict,” “potential,” “continue,” or the negative of these terms or other similar expressions, although not all forward-looking statements contain these words. The forward-looking statements in this presentation relate to, among other things, statements regarding the commencement of our planned bioequivalence study for a generic product candidate, our expected date to report top-line data from our pivotal Phase III clinical program for TWIN, our anticipated NDA submission dates for EPSOLAY and TWIN, and estimated sales of our product candidates. These statements are neither promises nor guarantees, but involve known and unknown risks, uncertainties, and other important factors that may cause our actual results, performance, or achievements to be materially different from any future results, performance, or achievements expressed or implied by the forward-looking statement, including but not limited to the following: the fact that we have and expect to continue to incur significant losses; our need for additional funding, which may not be available; our ability to complete the development of our product candidates; our ability to obtain and maintain regulatory approvals for our product candidates in our target markets and the possibility of adverse regulatory or legal actions relating to our product candidates even if regulatory approval is obtained; our ability to commercialize our product candidates; our ability to obtain and maintain adequate protection of our intellectual property; our ability to manufacture our product candidates in commercial quantities, at an adequate quality or at an acceptable cost; our ability to establish adequate sales, marketing, and distribution channels; acceptance of our product candidates by healthcare professionals and patients; the possibility that we may face third-party claims of intellectual property infringement; the timing and results of clinical trials that we may conduct or that our competitors and others may conduct relating to our or their products; intense competition in our industry, with competitors having substantially greater financial, technological, research and development, regulatory and clinical, manufacturing, marketing, and sales, distribution and personnel resources than we do; potential product liability claims; potential adverse federal, state, and local government regulation in the United States, Europe, or Israel; and loss or retirement of key executives and research scientists. These and other important factors discussed in the Company's Annual Report on Form 20-F filed with the Securities and Exchange Commission (“SEC”) on March 21, 2019, and our other reports filed with the SEC could cause actual results to differ materially from those indicated by the forward-looking statements made in this presentation. Any such forward-looking statements represent management's estimates as of the date of this presentation. While we may elect to update such forward-looking statements at some point in the future, unless required by applicable law, we disclaim any obligation to do so, even if subsequent events cause our views to change. Thus, one should not assume that our silence over time means that actual events are bearing out as expressed or implied in such forward-looking statements. These forward-looking statements should not be relied upon as representing our views as of any date subsequent to the date of this presentation.

This presentation contains trademarks, trade names, and service marks of other companies, which are the property of their respective owners. We do not intend our use or display of other parties' trademarks, trade names, or service marks to imply, and such use or display should not be construed to imply, a relationship with, or endorsement or sponsorship of us by, these other parties.

THREE-FOLD STRATEGY



- Successfully commercialize best-in-class dermatology brands in acne and rosacea, and maintain a leadership position in these indications
- Identify targeted opportunities in other areas of high unmet need where we can bring innovation and exceed current standard-of-care treatments
- Leverage our capabilities to generate significant non-dilutive funding

NOVEL DELIVERY SYSTEM FOR BEST-IN-CLASS TOPICAL DRUGS

1

Proprietary silica-based microencapsulation topical delivery platform for dermatology indications

2

Positive phase III results from EPSOLAY® clinical trial in papulopustular rosacea in July 2019
NDA submission anticipated in 1H/2020

3

TWYNEO® phase III data in acne vulgaris expected in Q4/2019
NDA submission anticipated in 2H/2020

4

Completed follow-on offering of \$11.5 million in August 2019
Successfully raised \$86.3 million in IPO in February 2018

5

Non-dilutive revenues of \$18.8 million from generic pipeline in the first 9 months

6

Seasoned management team with proven track record and broad dermatologic experience

PIPELINES & UPCOMING MILESTONES

BRANDED CANDIDATES	Research/ Preclinical	Proof of Concept	Phase I	Phase II	Phase III	NDA Submission
EPSOLAY® Papulopustular rosacea						1H/2020
TWYNEO® Acne vulgaris					Top-line results in Q4/2019	2H/2020
SGT-210 Palmoplantar keratoderma						

GENERIC PRODUCTS/CANDIDATES

Acyclovir cream, 5%
(RLD: Zovirax®)

Perrigo

APPROVAL & SALES
AS OF FEBRUARY 2019

Ivermectin cream, 1%
(RLD: Soolantra®)

Perrigo

TENTATIVE APPROVAL
AS OF JANUARY 29, 2018

5-Fluorouracil cream, 5%
(RLD: Efudex®)

douglas

BIOEQUIVALENCE
ACHIEVED IN DEC 2019

RLD, reference listed drug.

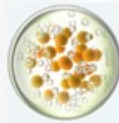
Company and Products Overview | December 2019

FOUNDATION FOR BRANDED PRODUCT PIPELINE

1 WHY SILICA?

- FDA approved for topical use
- Proprietary process produces high encapsulation efficiency
- Physical properties of silica shell tuned to modify release of active ingredient
- Smooth, no-grit feel for user
- Strong IP protection to 2032 (EPSOLAY®) and 2038 (TWYNEO®)

2 SOL-GEL PROCESS



Silica monomers and drug substance are emulsified together



Silica monomers migrate to the oil/water interface in a well-controlled process



A silica shell, microcapsule is formed

3 POTENTIAL BENEFITS

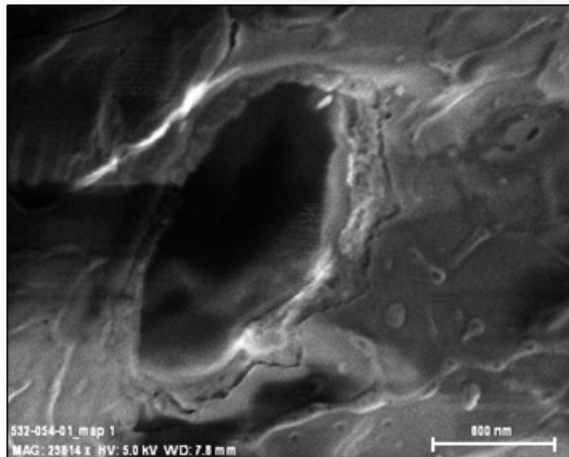
Barrier between entrapped API and skin may reduce irritation and improve compliance

APIs stabilized via microencapsulation, allowing for novel combinations

Hurdle for generics to demonstrate similar release profile

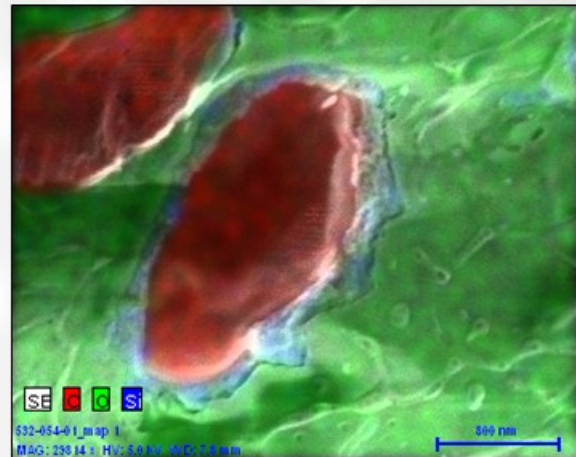
If approved, will be first core-shell encapsulation system for topical dermatology products

Encapsulated Benzoyl Peroxide (E-BPO)



CRYO-SEM PICTURE

Silica shell wraps BPO crystals and serves as a barrier between BPO crystals and skin, leading to less irritation



ENERGY-DISPERSIVE X-RAY SPECTROSCOPY MAPPING

Skin lipids migrate through the silica shell to promote solubilization of BPO.
Dissolved BPO then migrates to skin's sebaceous follicles

INTELLECTUAL PROPERTY ESTATE

Our intellectual property is protected through a series of patent families, describing and claiming our proprietary processes, formulations, and methods of use

Patents and Trademarks			IP Protection for Our Branded Products (US)	
	# of Patents Related to Company Products		Product/Indication	IP, Expiry
US Patents	Granted/Allowed	5	EPSOLAY® subtype II rosacea	Granted 2032 Pending 2040
	Pending	15		
Foreign Patents	Granted/Allowed	34	TWYNEO® acne vulgaris	Granted 2038 Pending 2040
	Pending	11		
Trademarks	Registered/Allowed	4 in US, IL, CA, EP	EPSOLAY®	TWYNEO®
	Registered/Allowed	5 in US, CA, EP, IL		

PAPULOPUSTULAR ROSACEA

Inflammatory condition with poor adherence to current treatments

What is papulopustular rosacea?

Chronic, inflammatory condition that primarily affects the face and is often characterized by flushing, redness, inflamed bumps, and pustules

How is it treated?

Topical antimicrobials (metronidazole, clindamycin); topical anti-mite (ivermectin); systemic antibiotics (minocycline, doxycycline)

What are the current treatment shortfalls?

Insufficient efficacy resulting in poor adherence, contributing to antibiotic resistance; systemic side effects

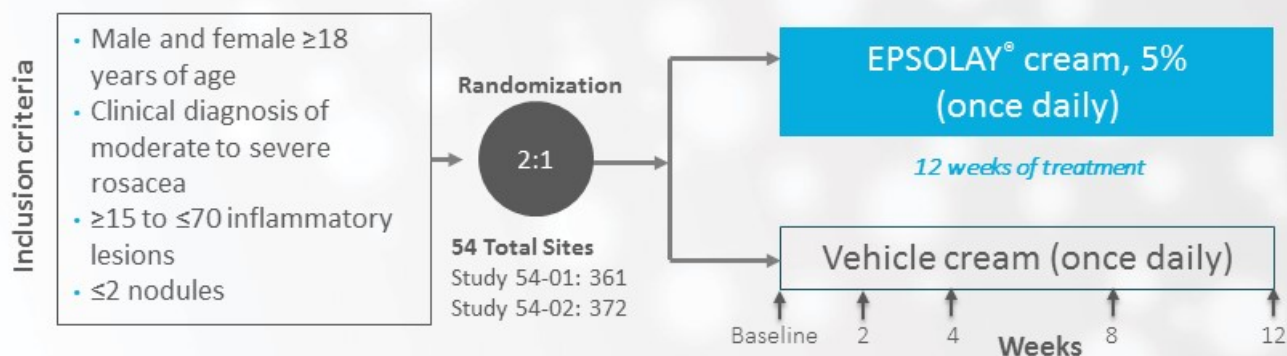
Our solution: **EPSOLAY®**
Encapsulated benzoyl peroxide (E-BPO)

Encapsulation aims to reduce irritation of BPO
Potential to be more effective than existing treatments
Potential to be first FDA-approved single-agent BPO Rx drug product



EPSOLAY® STUDY DESIGN

Two phase III, double-blind, randomized, vehicle-controlled studies



PRIMARY ENDPOINTS:

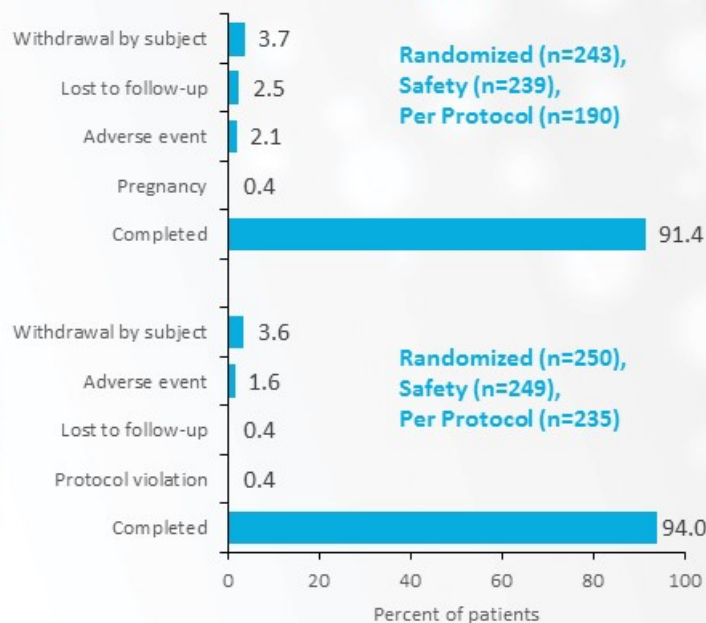
- Proportion of patients with the primary measure of success, "Clear" (0) or "Almost clear" (1), in the Investigator Global Assessment (IGA) relative to baseline at Week 12
- Absolute mean change in inflammatory lesion counts from baseline to Week 12

STUDY POPULATIONS & DISCONTINUATION

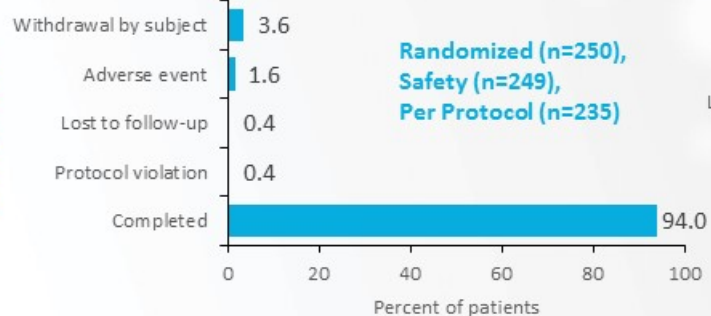
EPSOLAY®

Randomized (n=243),
Safety (n=239),
Per Protocol (n=190)

Study 54-01

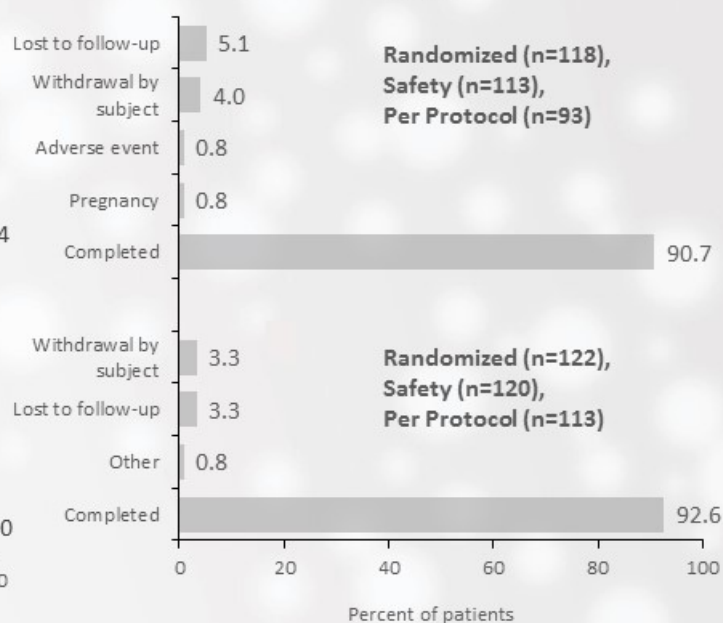


Study 54-02



Vehicle

Randomized (n=118),
Safety (n=113),
Per Protocol (n=93)



Intent-to-treat population.

Company and Products Overview | December 2019

PATIENT SEVERITY AT BASELINE



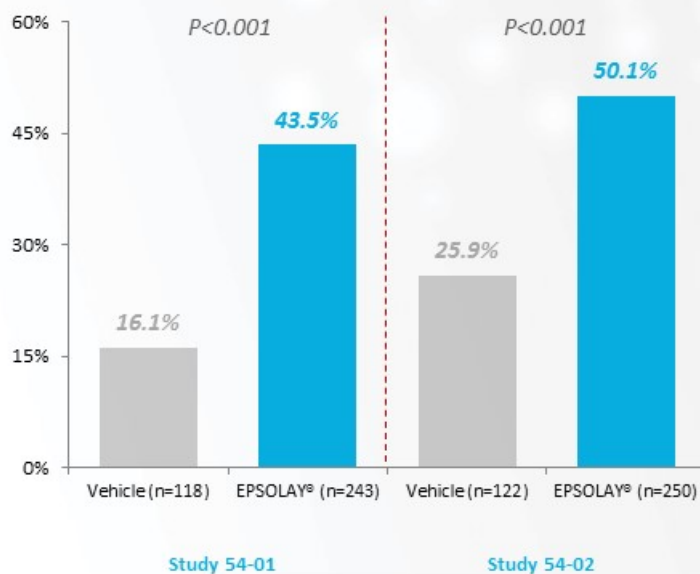
Study 54-01

Study 54-02

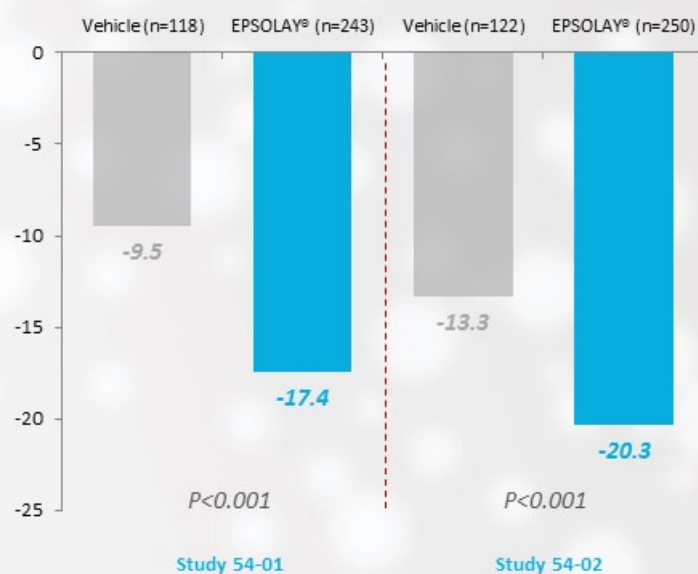
Characteristic	EPSOLAY®	Vehicle	EPSOLAY®	Vehicle
IGA "Moderate"	210 (86.4%)	104 (88.1%)	227 (90.8%)	112 (91.8%)
IGA "Severe"	33 (13.6%)	14 (11.9%)	23 (9.2%)	10 (8.2%)
Mean lesion count (SD)	25.7 (11.07)	26.3 (12.45)	29.8 (14.00)	27.5 (13.04)
Median lesion count (range)	22.0 (15-69)	21.0 (15-70)	25.0 (15-70)	22.5 (15-70)

PRIMARY ENDPOINTS (ITT)

Success in IGA at Week 12



Inflammatory Lesion Count Change From Baseline at Week 12

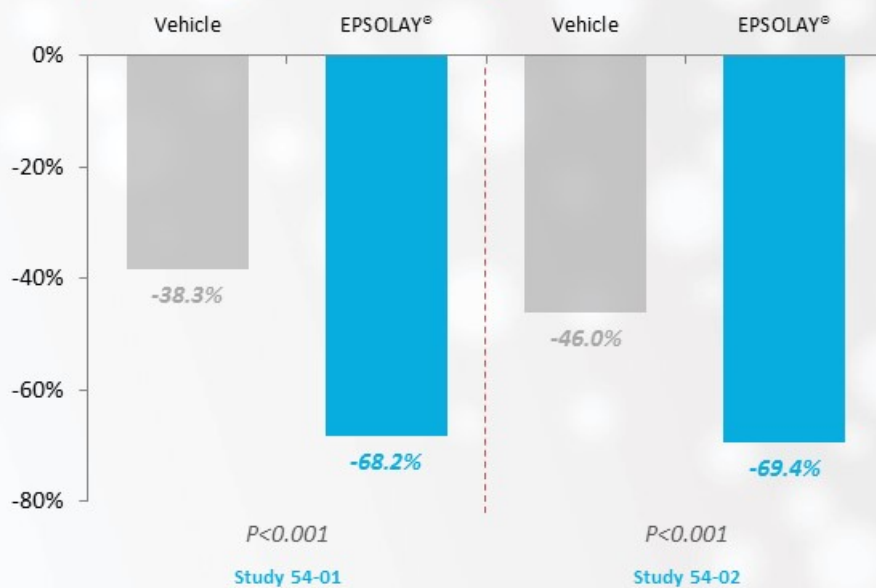


ITT, intent-to-treat.

Company and Products Overview | December 2019

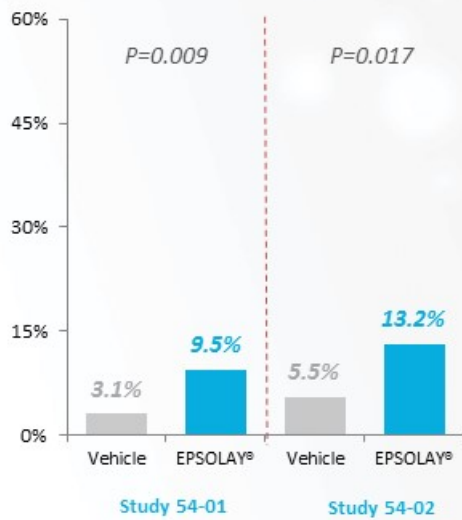
SECONDARY ENDPOINT (ITT)

Inflammatory Lesion Percent Change From Baseline to Week 12

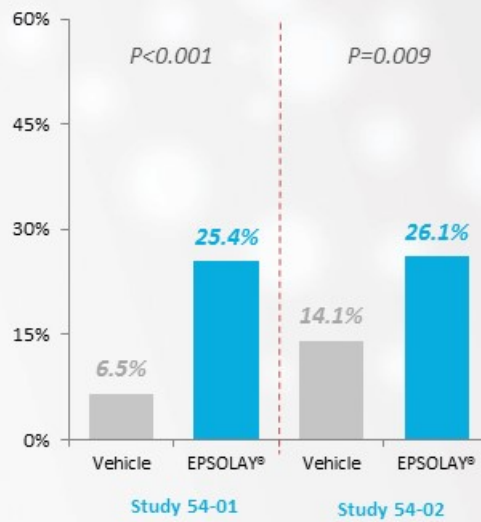


SUCCESS IN IGA (ITT)

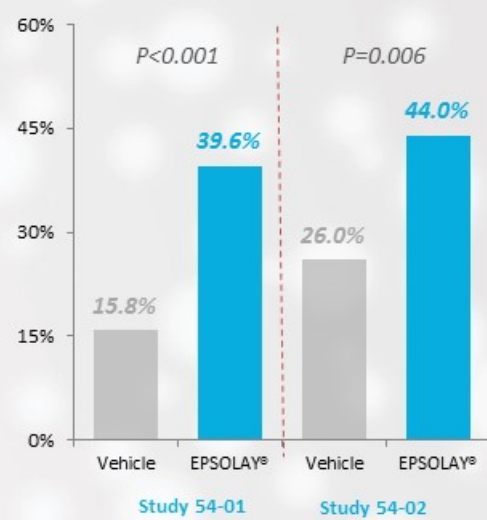
Week 2
Exploratory Endpoint



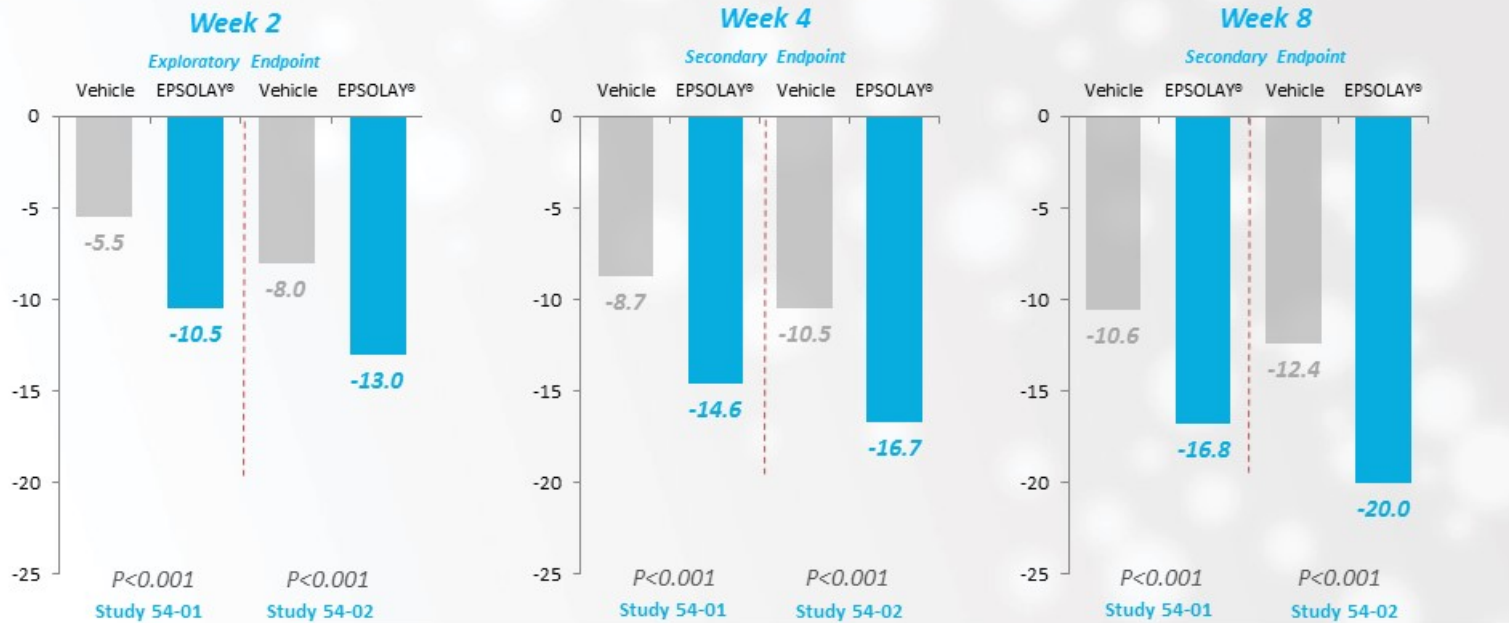
Week 4
Secondary Endpoint



Week 8
Secondary Endpoint

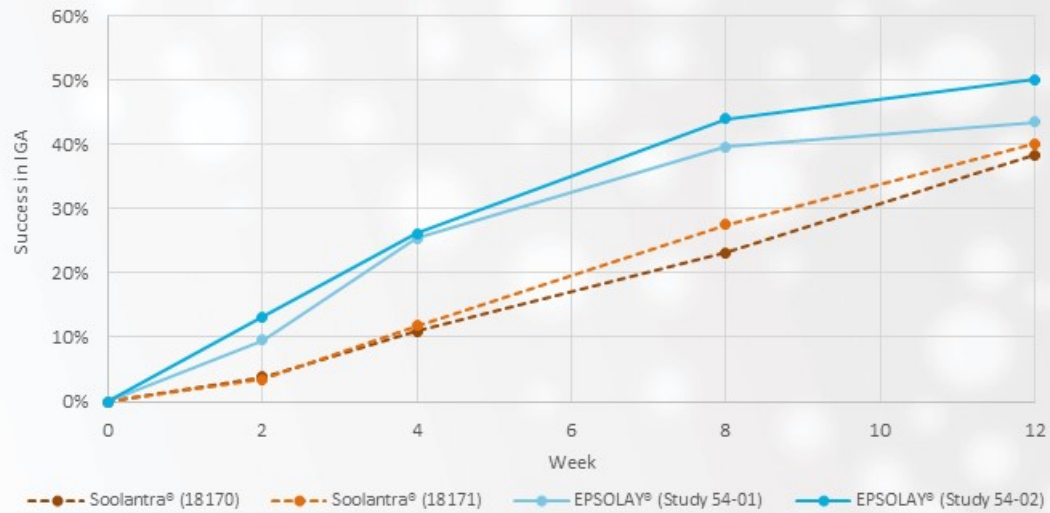


INFLAMMATORY LESION COUNT CHANGE FROM BASELINE (ITT)



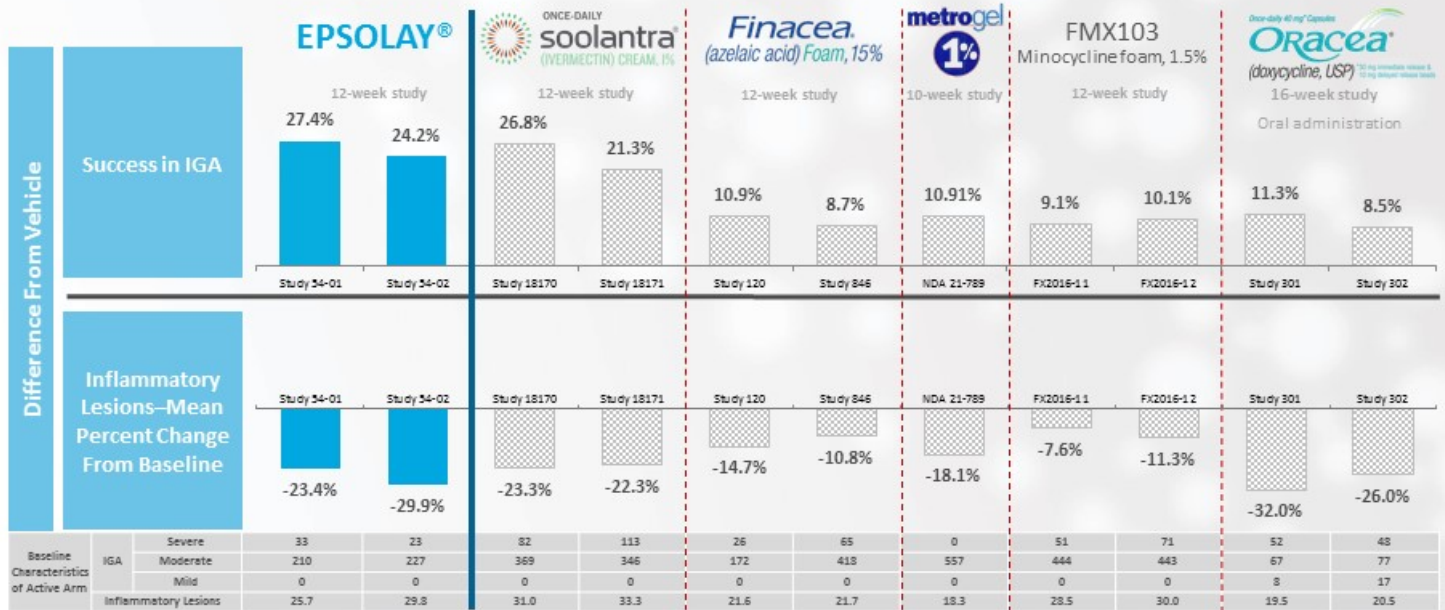
COMPARISON OF ONSET OF ACTION TO HISTORICAL SOOLANTRA® RESULTS *

Rapid Onset of EPSOLAY®



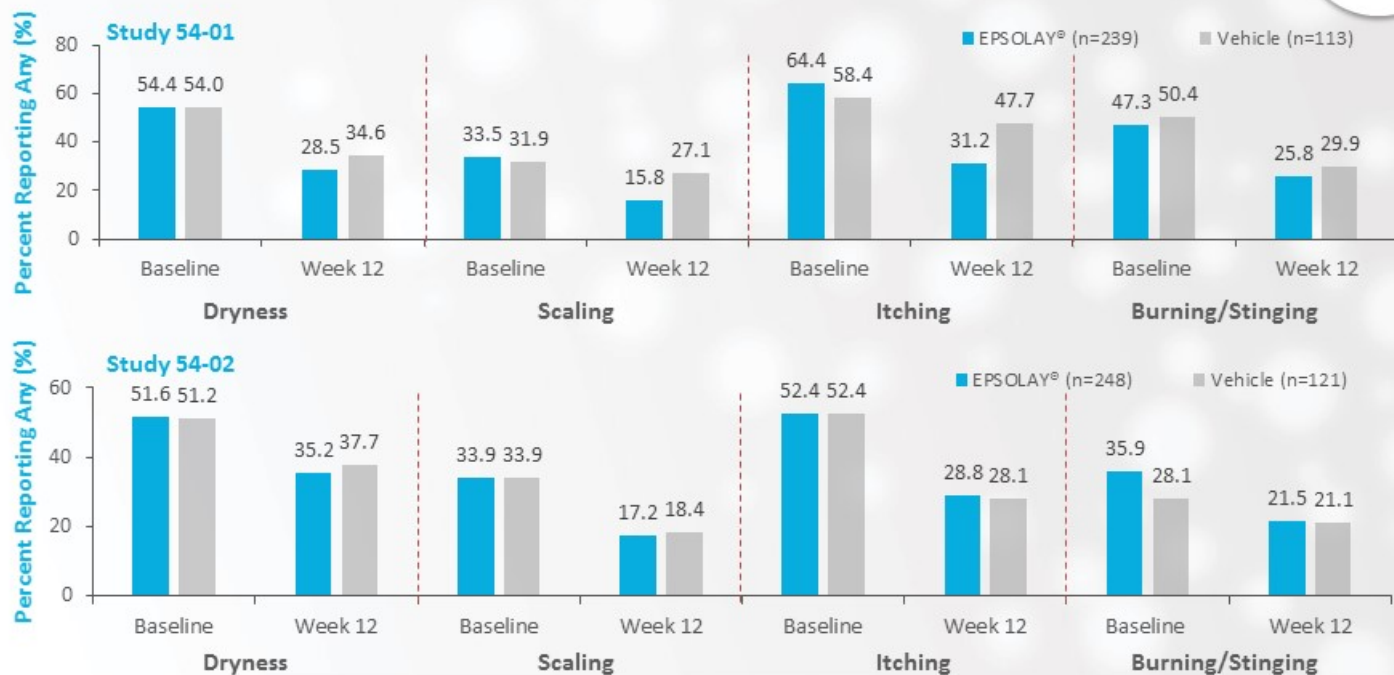
*Sol-Gel did not conduct a head-to-head comparison trial or study. The results described above are for illustrative purposes only and should not be construed as conclusions to be drawn as if we conducted a head-to-head comparison trial or study.

SIDE-BY-SIDE WITH OTHER HISTORICAL TRIAL RESULTS*



*Sol-Gel did not conduct a head-to-head comparison trial or study. The results described above are for illustrative purposes only and should not be construed as conclusions to be drawn as if we conducted a head-to-head comparison trial or study.

SKIN TOLERABILITY



Safety population.

Company and Products Overview | December 2019

TREATMENT-EMERGENT ADVERSE EVENTS (TEAEs) SUMMARY

	Study 54-01		Study 54-02	
TEAEs, n (%)	EPSOLAY® (n=239)	Vehicle (n=113)	EPSOLAY® (n=249)	Vehicle (n=120)
Any TEAE	49 (20.5%)	17 (15.0%)	50 (20.2%)	22 (18.2%)
Serious TEAE	0	1 (0.4%)*	1 (0.4%)†	0
Severe TEAE	2 (0.8%)	0	2 (0.8%)‡	0
Discontinuation	5 (2.1%)	1 (0.9%)	4 (1.6%)	1 (0.8%)§
Treatment-related	14 (5.9%)	3 (2.7%)	9 (3.6%)	0

*Femur fracture.

†Spinal compression fracture.

‡One subject with spinal compression fracture.

§Urinary tract infection—Discontinuation classified as “other reason.”

Safety population.

Company and Products Overview | December 2019

20

ACNE VULGARIS

Multifactorial disease requiring powerful combination treatments

What is
acne vulgaris?

A multifactorial disease of the pilosebaceous unit, involving abnormalities in sebum production, follicular epithelial desquamation, bacterial proliferation, and inflammation

How is it treated?

Topical BPO, retinoids, antibiotics, and their combinations; isotretinoin and antibiotics are mainstays of systemic therapy

What are the current
treatment shortfalls?

Insufficient efficacy negatively affects self-esteem; contributes to antibiotic resistance; systemic side effects

Our solution: TWYNEO®
E-BPO + E-ATRA Cream

Encapsulation allows combining 2 highly effective APIs, BPO and ATRA, that have complementary mechanisms of action
Encapsulation may reduce the irritation of both BPO and ATRA
Potential to be more effective than existing topical treatments



ACNE TRIALS EFFICACY RESULTS*: MODERATE PATIENTS

TWYNEO®

31.3%

Phase II

SGT-65-02

EPIDUO® FORTE
Adapalene and benzoyl peroxide Gel 0.2% / 2.5%

25.2%

Study 18240

Aczone®
(dapsone) Gel 7.5%

7.5%

9%

Trial 006

9%

Trial 007

Difference From Vehicle

Success in IGA
at Week 12

Inflammatory
Lesions—Mean
Percent Change
From Baseline
at Week 12

Non-
Inflammatory
Lesions—Mean
Percent Change
From Baseline
at Week 12

22.1%

Phase II

SGT-65-02

17.9%

Study 18240

7%

Trial 006

6%

Trial 007

21.5%

Phase II

SGT-65-02

21.0%

Study 18240

6%

Trial 006

5%

Trial 007

Active
Treatment
Arm

Number of Patients	Severe	0	0	1	0
	Moderate	102	111	1,043	1,115
	Mild	0	0	0	0
Average Baseline # of Lesions	Inflamed	29.9	29.7	28.6	29.6
	Non-inflamed	42.1	35.7	46.9	46.7

*Sol-Gel did not conduct a head-to-head comparison trial or study. The results described above are for illustrative purposes only and should not be construed as conclusions to be drawn as if we conducted a head-to-head comparison trial or study.

EFFICACY RESULTS OF RECENT ACNE TRIALS*

TWYNEO®

Winlevi™

Clascoterone cream, 1%

FMX101

Minocycline foam, 4%

Seysara™

Oral sarecycline

Difference From Vehicle

Success in IGA
at Week 12

27.4%

Phase II

SGT-65-02

9.1%

Study 025

14.0%

Study 026

6.78%

FX2014-05

11.17%

FX2017-22

11.4%

SC1401

7.3%

SC1402

Inflammatory
Lesions—Mean
Percent Change
From Baseline
at Week 12

21.8%

Phase II

SGT-65-02

8.2%

Study 025

17.2%

Study 026

9.0%

FX2014-05

13%

FX2017-22

17.0%

SC1401

14.4%

SC1402

Non-
Inflammatory
Lesions—Mean
Percent Change
From Baseline
at Week 12

20.9%

Phase II

SGT-65-02

8.8%

Study 025

13.5%

Study 026

Noninflammatory lesions
not a co-primary endpoint

FX2014-05

FX2017-22

Noninflammatory lesions
not in label

SC1401

SC1402

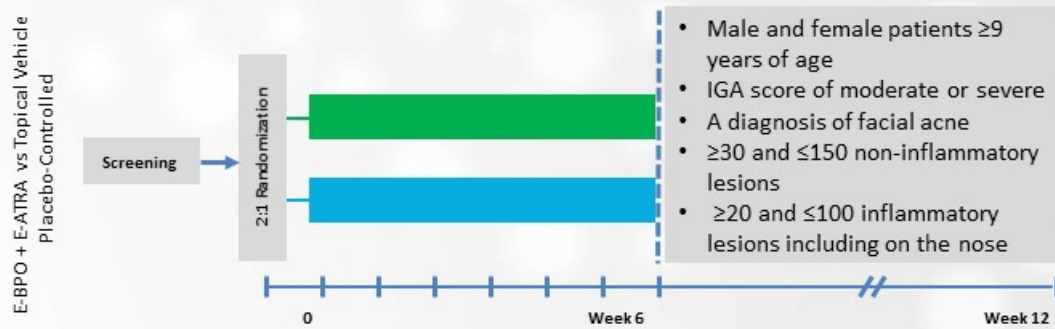
Active
Treatment
Arm

Number of Patients	Average Baseline # of Lesions	SGT-65-02		Study 025		Study 026		FX2014-05		FX2017-22		SC1401		SC1402	
		Severe	Moderate	Mild	0	Severe	Moderate	Mild	0	Severe	Moderate	Mild	0	Severe	Moderate
		14	102	0	26.7	61	292	0	42.4	37	116	70	415	78	440
		42.9				59.1				51.6		29.7		50.5	
										49.7		42.4		42.5	

*Sol-Gel did not conduct a head-to-head comparison trial or study. The results described above are for illustrative purposes only and should not be construed as conclusions to be drawn as if we conducted a head-to-head comparison trial or study.

TWYNEO® PHASE III TRIAL DESIGNS

Two 12-week, randomized, double-blind, vehicle-controlled studies in patients with acne vulgaris
Enrollment of ~420 subjects per study at a ratio of 2:1, yielding 99% powering



PRIMARY ENDPOINTS:

- Proportion of patients in active treatment vs vehicle cream with an assessment of clear or almost clear with at least a 2-grade improvement in IGA at Week 12
- Absolute change from baseline in inflammatory and non-inflammatory lesion count at Week 12

TOPLINE RESULTS EXPECTED IN Q4/2019

MARKET POTENTIAL FOR ACNE & ROSACEA



ACNE

50 million people suffer from acne in the US
(ages **12-24 years**)

~\$1.9 billion branded topical market (WAC)¹

Treated with topicals **56%** of the time;
remaining is oral¹

Dermatologists account for **~60%** of acne treatments
(higher for branded products)

Combining treatments is the best
way to combat acne for the majority of patients²



ROSACEA

Approximately **16 million people** in the US
suffer from rosacea; **5-6 million** have type 2
(age **>30 years**)

~\$800 million branded topical market (WAC)¹

Treated with topical products **76%** of the time¹

Dermatologists account for **80%** of treatments

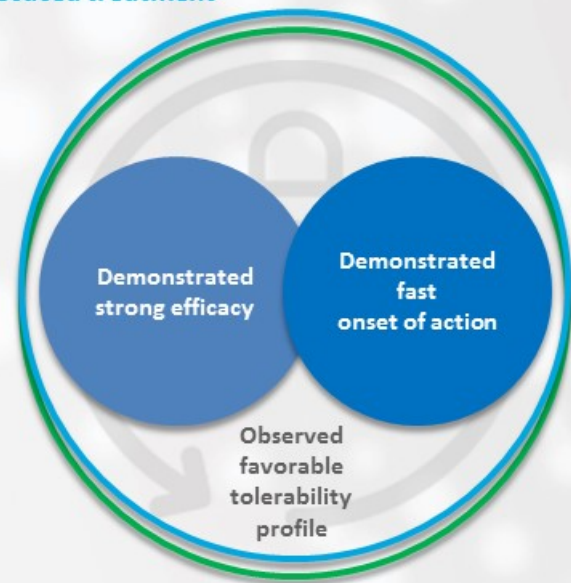
Many patients are misdiagnosed or do not seek
treatment at all, creating a **large underserved**
patient population

¹ Symphony Health, Syneos Research & Insights "Treatment Answers"; June 2019 MAT.

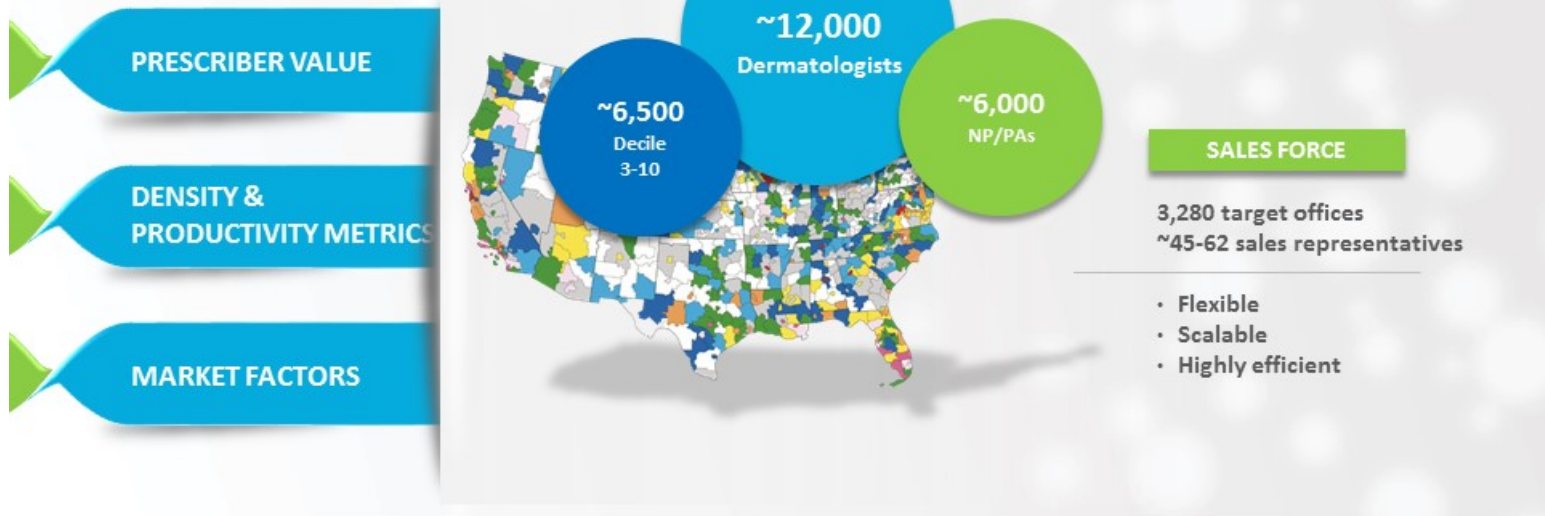
² American Academy of Dermatology, <https://www.aad.org/practicecenter/quality/clinical-guidelines/acne/topical-therapies>.

Potential to advance rosacea treatment

- Advanced technology platform
- Trusted API
- Topical cream
- Non-systemic
- Antibiotic-free
- Complimentary mechanism



APPROACH TO BUILDING A COMMERCIAL ORGANIZATION—EFFICIENT AND EFFECTIVE



ADDRESSING ACCESS & UM FOR EPSOLAY® 1-3

Based on
~107
MILLION
LIVES¹

Positive payer response to EPSOLAY®—Competitive pricing likely equals parity access in rosacea

PAYER RESPONSE TO CLINICAL PROFILE

~70%

COMPELLING TO DRIVE FORMULARY CONSIDERATION

Most would cover at preferred or non-preferred level depending on cost

PAYER UM POSITION BASED ON HIGHER NET-TO-PLAN PRICE

LIKELY:

- Step-through generics
- Quantity limits

POSSIBLE:

- Prior authorization to label

COMPETITIVE PRICING

COVERED OR BETTER³:

- 92% Commercial
- 40% Part D
- 74% Medicaid

State
“If priced like Finacea, it would get parity access; 15%-20% rebate expected with WAC at parity to Finacea.”

1. AIS Health, 2019. <http://www.aishhealth.com/about>.
2. MMIT Network, 2019. <http://www.mmitnetwork.com>.
3. Data on file. NPG Health primary market research, 2019.

REVENUE-GENERATING GENERICS PARTNERSHIPS



Multiple Collaborations

A portfolio of generic product candidates with favorable commercial agreements that supplement our branded pipeline

Seven collaborations with Perrigo and 1 with Douglas Pharmaceuticals with 50/50 gross profit sharing

FDA Approvals

In January 2018, Perrigo received tentative approval from the FDA for ivermectin cream, 1%, developed in collaboration with Sol-Gel. Perrigo was second to file and, as of today, there is no public disclosure of a third filer to the FDA.

In February 2019, Perrigo received approval from the FDA and launched the sale of acyclovir cream, 5%, developed in collaboration with Sol-Gel. An authorized generic product entered the market in the third quarter of 2019.

Recent Developments

In December 2019, bioequivalence and superiority to vehicle was achieved for generic 5-fluorouracil cream, 5%, for actinic keratosis. An abbreviated New Drug Application expected to be filed in the U.S. in 2020.



FINANCIAL PROFILE

Gross proceeds of \$86.3 million raised in IPO of 7,187,500 ordinary shares on February 5, 2018

Gross proceeds of \$11.5 million raised in a public follow-on offering on August 12, 2019

20,387,468 shares outstanding as of September 30, 2019

\$57.7 million of cash and investments as of September 30, 2019

\$18.8 million in generic product revenue in the first 9 months of 2019

Cash resources will enable funding of operational and capital expenditure requirements into the first quarter of 2021

RECENT MILESTONES & NEXT STEPS

2019

2020

2021

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Obtained ANDA approval for acyclovir cream (collaboration with Perrigo) <input checked="" type="checkbox"/> Recognized non-dilutive revenues early from launch of acyclovir cream (by Perrigo) <input checked="" type="checkbox"/> Reported positive phase III results for EPSOLAY® in papulopustular rosacea <input checked="" type="checkbox"/> TWYNEO® granted market protection out to 2038 <input checked="" type="checkbox"/> Bioequivalence achieved for 5-fluorouracil cream, 5% <input type="checkbox"/> Plans to report phase III results for TWYNEO® in acne vulgaris at end of 2019 <input type="checkbox"/> Start PoC for palmoplantar keratoderma Q4/2019 | <ul style="list-style-type: none"> <input type="checkbox"/> File NDA for EPSOLAY® in 1H/2020 <input type="checkbox"/> File NDA for TWYNEO® in 2H/2020 <input type="checkbox"/> File ANDA for 5-fluorouracil cream, 5% in 2H/2020 (collaboration with Douglas) <input type="checkbox"/> US pre-launch commercial preparations | <ul style="list-style-type: none"> <input type="checkbox"/> US commercial organization fully operational <input type="checkbox"/> Approval and launch of EPSOLAY® <input type="checkbox"/> Approval and launch of TWYNEO® following EPSOLAY® |
|--|--|---|



NASDAQ: SLGL

www.sol-gel.com