

Edgar Filing: YM NOY INVESTMENTS LTD - Form 4

YM NOY INVESTMENTS LTD  
 Form 4  
 March 25, 2003

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 FORM 4  
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549

[ ] Check this box if no longer subject to  
 Section 16. Form 4 or Form 5  
 obligations may continue. See  
 Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of  
 Section 17(a) of the Public Utility Holding Company Act of 1935  
 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

|  |          |          |   |                          |    |
|--|----------|----------|---|--------------------------|----|
| 1. Name and Address of Reporting Person* |          |          | 2. Issuer Name and Ticker or Trading Symbol |                          | 6. |
| Y.M. Noy Investments Ltd.                |          |          | Ampal-American Israel Corporation           |                          |    |
| -----                                    |          |          | -----                                       |                          |    |
| (Last)                                   | (First)  | (Middle) | 3. IRS Identification                       | 4. Statement for         |    |
|  |          |          | Number of Reporting                         | Month/Day/Year           |    |
| 33 Havazelet Hasharon Street             |          |          | Person, if an entity                        | 3/21/03                  |    |
| -----                                    |          |          | (voluntary)                                 | -----                    |    |
|  | (Street) |          |   |                          |    |
| Herzliya                                 | Israel   | 46105    |   | 5. If Amendment, Date of | 7. |
| -----                                    | -----    | -----    |   | Original (Month/Day/     |    |
| (City)                                   | (State)  | (Zip)    |   | Year)                    | X  |