Edgar Filing: STEMCELLS INC - Form 4

STEMCELLS INC

STEMCELL	S INC											
Form 4												
January 05, 2	2016											
									OMB AF	B APPROVAL		
CURIM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB	0005 0007		
	· •		Was	shington,	ington, D.C. 20549				Number:	3235-0287		
Check thi if no long	ter.								Expires: January 3			
subject to	STAT	FEMENT O	F CHAN	GES IN BENEFICIAL OWN				NERSHIP OF	Estimated average			
Section 1				SECUR	RITIES				burden hours per			
Form 4 or	-								response 0.5			
Form 5 obligation		-					-	e Act of 1934,				
may cont				•	• •	•		1935 or Section	1			
See Instru		30(h)	of the In	vestment	Company	Act of	194	0				
1(b).												
(Drint on Type D												
(Print or Type R	(esponses)											
1 Name and A	ddress of Repor	ting Derson *	. .		T. 1 T.	1.		5 Pelationship of	Deporting Dere	on(s) to		
BJERKHOL				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
DJERRITOL			Symbol		CISTEM	1						
					C [STEM]			(Check	c all applicable)		
(Last)	(First)	(Middle)		f Earliest Tr	ansaction							
				nth/Day/Year)			X_ Director 10% Owner Officer (give title Other (specify					
	ZELLS, INC. Z BLVD, STE		01/01/2	016				below)	below)	(speen)		
UAIEWAI	DLVD, SIL	2 140										
	(Street)			endment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mon			Ionth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
NEWADZ	CA 04560							Form filed by O				
NEWARK,	CA 94300							Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	curities	Αсαι	uired, Disposed of	or Beneficial	v Owned		
1.Title of	2 Transaction	Date 2A. Dee		3.			-	5. Amount of	6. Ownership	-		
Security	(Month/Day/Y		3. 4. Securities Acquired Transaction(A) or Disposed of (D)				Securities	Form: Direct				
Security (Month/Day/Year) Execution Date, if (Instr. 3) any			Code (Instr. 3, 4 and 5) Beneficially					(D) or	Beneficial			
(Month/Day/Year)				(Instr. 8)				Owned	Ownership			
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				Code M	A	or	D	(Instr. 3 and 4)				
Common				Code V	Amount 146,342	(D) I	Price					
Stock	01/01/2016			А	(1)	A \$	5 0	273,759 <u>(2)</u>	D			
DIOCK					<u> </u>							

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: STEMCELLS INC - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BJERKHOLT ERIC C/O STEMCELLS, INC. 7707 GATEWAY BLVD, STE 140 NEWARK, CA 94560	Х							
Signatures								
/s/ Ken Stratton, Attorney-in-Fact	01/05/2016							
**Signature of Reporting Person	Date							

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) In accordance with Board action taken, this is an equity grant of 146,342 restricted stock units, vesting 100% on January 1, 2017, as compensation for Board service.
- (2) Includes the following anniversary equity grant: 146,342 restricted stock units vesting 100% on January 1, 2017.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.