Edgar Filing: STEMCELLS INC - Form 4

STEMCELI Form 4 March 25, 2													
FORM	14								OMB AF	PROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287				
Check th							Expires:	January 31,					
if no longer subject to STATEMENT OF CHAN				IGES IN BENEFICIAL OWNE				NERSHIP OF	Estimated average				
Section		SECURITIES							burden hours per				
Form 4 o Form 5								A . 4 . 6 1024	response	0.5			
obligatio	-						-	e Act of 1934, 1935 or Sectior					
may con	unue.			•	Company	•			1				
<i>See</i> Instr 1(b).	uction	50(II) 0		csuncht v	company	ЛССС	л 1) т	0					
1(0).													
(Print or Type	Responses)												
	Address of Reporting	Person [*]	2. Issuer	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer					
Massey Ian J Symbol								155001					
		,	STEMC	EMCELLS INC [STEM]				(Check all applicable)					
(Last)	(First) (· · · · · · · · · · · · · · · · · · ·											
				th/Day/Year)				Director 10% Owner X Officer (give title Other (specify					
C/O STEMCELLS, INC., 7707 03/23/20 GATEWAY BLVD, STE 140				2015				below) below)					
GAILWAL		ro						Chief C	Operating Office	er			
				endment, Date Original			6. Individual or Joint/Group Filing(Check						
Filed(Mon				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
NEWARK,	CA 94560			Form filed by More th									
NL WARK,	CA)4500							Person					
(City)	(State)	(Zip)	Table	I - Non-De	erivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	y Owned			
1.Title of	2. Transaction Dat	e 2A. Deeme	ed	3.	4. Securitie	s Acq	uired	5. Amount of	6. Ownership	7. Nature of			
Security	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities	Form: Direct							
(Instr. 3) any (Month/Day/Year)					Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership						
		(month/De	<i>xyi cui)</i>	(Instr. 0)				Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported					
						or		Transaction(s) (Instr. 3 and 4)					
Common				Code V	Amount	(D)	Price						
Common Stock	03/23/2015			А	750,000	А	\$ 0 (1)	750,000 (2)	D				
STOCK							<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)

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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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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			
Massey Ian J C/O STEMCELLS, INC. 7707 GATEWAY BLVD, STE 140 NEWARK, CA 94560			Chief Operating Officer				
Signatures							
/s/ Ken Stratton, attorney-in-fact	03/25/20	015					
**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) Restricted stock units with performance based vesting set by the issuer's Board of Directors and tied to the timely and successful conduct and completion of the issuer's Phase II clinical studies in dry AMD and spinal cord injury.
- (2) Consists of 750,000 restricted stock units with performance based vesting.

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.