Edgar Filing: TAUB MALCOLM S - Form 4

TAUD MALCOLM

| Form 4 | JLIVI S | | | | | | | | | | | |
|--|------------------------------------|---|------------|--|--------------------------------------|-------------------------|-------------------|---|---|---|--------|----|
| April 03, 2009 | 4 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | ~~~ | ~ ~ ~ ~ ~ | | | OMB A | PPROV | AL |
| UNITED STATES SECURITIES AND EXCHANGE CO Washington, D.C. 20549 | | | | | | GE COI | MMISSIO | | OMB Number: | 3235 | 5-0287 | |
| Check this b if no longer subject to Section 16. Form 4 or | | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | Expires:January 31, 2005Estimated average burden hours per response0.5 | | |
| Form 5 obligations may continu <i>See</i> Instructi 1(b). | e. Section 17 | (a) of the l | Public U | | ding Con | npany A | Act of 19 | act of 1934 935 or Sect | , | | | |
| (Print or Type Res | ponses) | | | | | | | | | | | |
| TAUB MALCOLM S Symbo BRAI | | | | Issuer Name and Ticker or Trading abol AINSTORM CELL ERAPEUTICS INC [BCLI] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Month | | | (Month/ | Date of Earliest Transaction Aonth/Day/Year) 3/16/2009 | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| | | | | mendment, Date Original Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (State) | (Zip) | | | | ~ •• | | rson | | | | |
| | | - | | | | | - | ed, Disposed | | | - | |
| | Transaction Date onth/Day/Year) | | | | Secu Bene Own Follo Repo | ficially ed owing | For (D) (I) | Ownership m: Direct or Indirect str. 4) | 7. Natur Indirect Benefici Ownersl (Instr. 4) | ial hip | | |
| | | | | Code V | Amount | or (D) Pri | (Insti | r. 3 and 4) | | | | |
| Reminder: Report | on a separate line | e for each cl | ass of sec | urities benet | ficially own | ned direct | tly or indi | rectly. | | | | |

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. Number of orDerivative Securities Acquired (A Disposed of (Instr. 3, 4, a 5) | A) or (D) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|---------------------------------------|---|--------------|--|--------------------|---|--------------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount o Number o Shares |
| Stock Option (right to buy) | \$ 0.1 | 03/16/2009 | | A | 100,000 | | 03/16/2009 | 03/16/2019 | Common Stock | 100,00 |
| Reporting Owners | | | | | | | | | | |

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| TAUB MALCOLM S C/O BRAINSTORM CELL THERAPEUTICS INC. 110 EAST 59TH STREET NEW YORK, NY 10022 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Thomas B. Rosedale (Pursuant to Power of Attorney) | (| | | | | | |
| <u>**</u> 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).

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.