TAUB MALCOLM S Form 4 April 14, 2011

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

if no longer subject to Section 16.

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005 Estimated average

0.5

Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

SECURITIES

burden hours per response...

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * TAUB MALCOLM S

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

below)

Symbol

BRAINSTORM CELL

(Month/Day/Year)

12/16/2010

(Check all applicable)

(Last)

(First) (Middle) THERAPEUTICS INC [BCLI] 3. Date of Earliest Transaction

X_ Director Officer (give title

10% Owner Other (specify

C/O BRAINSTORM CELL

THERAPEUTICS INC., 605 THIRD

AVENUE, 34TH FLOOR

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

(Street)

Filed(Month/Day/Year)

(Instr. 8)

X Form filed by One Reporting Person Form filed by More than One Reporting

(Instr. 4)

NEW YORK, NY 10158

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D)

(Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership

(Instr. 4)

(A)

Following Reported

Transaction(s)

(Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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: TAUB MALCOLM S - Form 4

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | Date Exercisable and | | 7. Title and Amount | |
|------------------------------|-------------|---------------------|--------------------|-----------------------|-------------------|--|--------------------|----------------------|---------------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | TransactionDerivative | | Expiration Date | | Underlying Securitie | |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year | r) | (Instr. 3 and | 4) |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Acquired (A) or | r | | | |
| | Derivative | | | | Disposed of (D) |) | | | |
| | Security | | | | (Instr. 3, 4, and | | | | |
| | | | | | 5) | | | | |
| | | | | Code V | (A) (D |) Date Exercisable | Expiration Date | Title | Amous Number Shares |
| Stock Option (right to | \$ 0.15 | 12/16/2010 | | A | 200,000 | 12/16/2010(1) | 12/16/2020 | Common Stock | 200,0 |

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

TAUB MALCOLM S C/O BRAINSTORM CELL THERAPEUTICS INC. 605 THIRD AVENUE, 34TH FLOOR NEW YORK, NY 10158



Signatures

buy)

/s/ Thomas B. Rosedale (pursuant to Power of Attorney) 04/14/2011

**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) Option is fully vested and exercisable as to all shares.

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.

Reporting Owners 2