Edgar Filing: BRAINSTORM CELL THERAPEUTICS INC. - Form 4

BRAINSTORM CELL THERAPEUTICS INC.

Form 4

January 03, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

3235-0287 Number:

January 31, Expires: 2005

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * Sossover Liat

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

BRAINSTORM CELL THERAPEUTICS INC. [BCLI]

(Check all applicable)

Chief Financial Officer

(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2013

Director 10% Owner X_ Officer (give title Other (specify below)

C/O BRAINSTORM CELL THERAPEUTICS, INC., 605 THIRD AVENUE, 34TH FLOOR

> (Street) 4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

NEW YORK, NY 10158

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Month/Day/Year) (Instr. 3)

2. Transaction Date 2A. Deemed Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

(A)

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

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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Derivative Security	Conversion	(Month/Day/Year)	Execution Date, if	Transac Code	sactionDerivative Securities		Expiration Date (Month/Day/Year)		Underlying Securitie (Instr. 3 and 4)	
(Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	(Instr. 8		l (A) or l of (D)	,		(IIIsu: 3 and 4)	
				Code	V (A)	(D)	Date Exercisable	Expiration Date	Title	Amous Number Shares
Stock Option (right to	\$ 0.18	12/31/2013		A	100,00	0	12/31/2014(1)	12/31/2023	Common Stock	100,0

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

5. Number of 6. Date Exercisable and

7. Title and Amount

Sossover Liat C/O BRAINSTORM CELL THERAPEUTICS, INC. 605 THIRD AVENUE, 34TH FLOOR NEW YORK, NY 10158

Chief Financial Officer

Signatures

1. Title of 2.

buy)

/s/ Thomas B. Rosedale (pursuant to Power of Attorney) 01/02/2014

3. Transaction Date 3A. Deemed

**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).
- Option vests and becomes exercisable as to 33 1/3% of the number of shares subject to the option on the first anniversary of the grant date

 (1) and the remainder of the shares subject to the option vest and become exercisable in 24 consecutive, equal monthly installments thereafter until fully vested and exercisable on the third anniversary of the grant date.

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.

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