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Almenoff Ju Form 4													
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL			
Washington, D.C. 20549								OMB Number					
Check th if no lon subject t Section Form 4 o Form 5 obligatio may con	ger o 16. or Filed pu ons Section 17	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								Expires: January 31, 2005 Estimated average burden hours per response 0.5			
See Instr 1(b).		30(h)	of the Ir	ivestment	t Compa	ny A	ct of 1	940					
(Print or Type	Responses)												
Almenoff June Sherie Syn BR				r Name an ISTORM APEUTIC	c	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
THERAPE	(First) NSTORM CELL UTICS INC., 17 AY, 17TH FLOO	45		f Earliest T Day/Year) 2018	ransaction			X Director Officer (below)			10% Owner Other (specify	y	
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
NEW YOR	K, NY 10019							Form filed Person	by Mor	e than On	e Reporting		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities A	cquired, Dispose	ed of, o	or Benefi	cially Own	ed	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any		Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	l (A) c l of (D 4 and (A) or)) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form Direc	n: ct (D) direct	7. Nature o Indirect Beneficial Ownership (Instr. 4)		
Common Stock	03/15/2018			A	5,700 (1)	A	\$ 3.5	5,700	Ι		By Meadowl Managen LLC		

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

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

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

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	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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				
Almenoff June Sherie C/O BRAINSTORM CELL THERAPEUTICS INC. 1745 BROADWAY, 17TH FLOOR NEW YORK, NY 10019	Х							
Signatures								
/s/ Nathaniel Gaede (pursuant to power of attorney)		2018						
<u>**</u> Signature of Reporting Person	Da	te						

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).

The reporting person disclaims beneficial ownership of these securities except to the extent of her pecuniary interest therein, and the(1) inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for the purposes of Section 16 or for any other purpose.

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.