Sossover Liat Form 4 April 14, 2011

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB APPROVAL** OMB

3235-0287 Number:

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Check this box

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Sossover Liat

2. Issuer Name and Ticker or Trading

Symbol

**BRAINSTORM CELL** THERAPEUTICS INC [BCLI] (Check all applicable)

5. Relationship of Reporting Person(s) to

(Last) (First) (Middle) 3. Date of Earliest Transaction

X\_ Officer (give title below)

Issuer

10% Owner Other (specify

C/O BRAINSTORM CELL THERAPEUTICS INC., 605 THIRD

(Street)

**AVENUE, 34TH FLOOR** 

4. If Amendment, Date Original

Applicable Line)

Director

6. Individual or Joint/Group Filing(Check

Chief Financial Officer

Filed(Month/Day/Year)

(Month/Day/Year)

06/23/2010

\_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

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

5. Amount of Securities Beneficially Owned

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

(Instr. 4)

(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (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)

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1. Title of 2.		3. Transaction Date	3A. Deemed	4. S. Number of		6. Date Exercisable and		/. Title and Amount	
Derivative	e Conversion or Exercise	(Month/Day/Year)	Execution Date, if any	Transacti	onDerivative	Expiration Date		Underlying Securitie	
Security				Code	Securities	(Month/Day/Year)		(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	Amou Numb Shares
Stock Option (right to	\$ 0.18	06/23/2010		A	400,000	06/23/2011(1)	06/23/2020	Common Stock	400,

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

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

Chief Financial Officer

### **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).
- Options vests and becomes exercisable as to 33.3% 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 date of grant.

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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