Edgar Filing: BRAINSTORM CELL THERAPEUTICS INC. - Form 4

BRAINSTOF Form 4 August 31, 20	RM CELL THEF	RAPEUT	TCS INC.									
										PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this if no long							Expires:	January 31, 2005				
subject to Section 16.				CHANGES IN BENEFICIAL OWNERS SECURITIES					Estimated a burden hou	average		
Form 4 or						_		response 0.5				
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 19401(b).30(h) of the Investment Company Act of 1940												
(Print or Type R	esponses)											
			2. Issuer Name and Ticker or Trading Symbol BRAINSTORM CELL THERAPEUTICS INC. [BCLI]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Month				. Date of Earliest Transaction Month/Day/Year) 08/27/2015				_X_ Director10% Owner Officer (give titleOther (specify below)				
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person							
NEW YORK	K, NY 10158							Form filed by M Person	More than One R	eporting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)		Date 2A. Deemed (Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	08/27/2015			Code V A	Amount 8,666 (1)	(D) A	Price \$ 0	50,554	D			

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.

 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)	4. Transactio Code (Instr. 8)	5. or/Number of Derivative Securities Acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	Director 10% Owner Office		Other				
TAUB MALCOLM S 605 THIRD AVENUE 34TH FLOOR NEW YORK, NY 10158	Х							
Signatures								
/s/ Thomas B. Rosedale (pursuattorney)	08/31/2015							
<u>**</u> Signature of Reporting		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) Shares acquired are shares of restricted stock awarded on August 27, 2015 pursuant to the Brainstorm Cell Therapeutics Inc. Second Amended and Restated Director Compensation Plan. The shares of restricted stock vest in 12 consecutive, equal monthly installments are an example on Santambar 27, 2015 until fully wasted on the first anniversary of the data of creat, around d that the reporting an example.

(1) commencing on September 27, 2015 until fully vested on the first anniversary of the date of grant, provided that the reporting person remains a director of Brainstorm Cell Therapeutics on each vesting 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.