Edgar Filing: Polverino Anthony J. - Form 4

Polverino An	thony J.											
Form 4												
February 22,	2019											
FORM	4								OMB APPROVAL			
	TATES	SECURITIES AND EXCHANGE CO Washington, D.C. 20549					COMMISSION	OMB Number:	3235-0287			
Check this if no long subject to Section 16 Form 4 or	box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									Expires:January 31 200Estimated average burden hours per response0.		
Form 5 obligation may conti <i>See</i> Instru- 1(b).	s Section 17(a	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 R	esponses)											
1. Name and Address of Reporting Person <u>*</u> Polverino Anthony J.			2. Issuer Name and Ticker or Trading Symbol BRAINSTORM CELL					5. Relationship of Reporting Person(s) to Issuer				
		THERAPEUTICS INC. [BCLI]					(Check all applicable)					
(Last) (First) (Middle) C/O BRAINSTORM CELL			3. Date of Earliest Transaction (Month/Day/Year) 02/01/2019					_X_ Director10% Owner Officer (give titleOther (specify below) below)				
THERAPEU	TICS INC., 1325 F AMERICAS, 2		02/01/20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
					endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
NEW YORK	K, NY 10019							_X_ Form filed by Form filed by I Person	One Reporting Po More than One Ro			
(City)	(State) (2	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)	2. Transaction Date (Month/Day/Year)	Transaction Date 2A. Deemed fonth/Day/Year) Execution Date, if any (Month/Day/Year)		TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	02/01/2019			Code V A	Amount 3,501 (1)	(D) A	Price \$ 0	10,791	D			

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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	le and unt of rlying rities . 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		
Polverino Anthony J. C/O BRAINSTORM CELL THERAPEUTICS INC. 1325 AVENUE OF AMERICAS, 28TH FLOOR NEW YORK, NY 10019	Х					
Signatures						
/s/ Nathaniel Gaede (pursuant to Power of Attorney)	02/22/2019					
**Signature of Reporting Person	D	ate				

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 February 1, 2019 pursuant to the Brainstorm Cell Therapeutics Inc. 2014 Stock
 (1) Incentive Plan. The shares of restricted stock vest in 12 consecutive, equal monthly installments commencing on March 1, 2019 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.