## Edgar Filing: Yablonka Uri - Form 4

Yablonka	Uri									
Form 4	20, 2019									
November 30, 2018 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL		
			Washington				Number:	3235-0287		
Check if no lo	this box						Expires:	January 31 2005		
subject Sectior Form 4 Form 5	to SIAIE 116. For		F CHANGES IN BENEFICIAL OWNERSHI SECURITIES				Estimated burden hou response	Estimated average burden hours per response 0.		
obligat may co	ions I'lleu pu	(a) of the Publ		ding Cor	npany Act	nge Act of 1934, of 1935 or Secti 940				
(Print or Type	e Responses)									
1. Name and Yablonka	Address of Reporting Uri	Syn BR	2. Issuer Name <b>and</b> Ticker or Trading Symbol BRAINSTORM CELL			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<i>•</i> )			THERAPEUTICS INC. [BCLI]							
THERAP	(First) (INSTORM CELL EUTICS INC., 132 OF AMERICAS,	(Mo 11/ 25	Date of Earliest T onth/Day/Year) /30/2018	ransaction		X_ Director X_ Officer (gi below) EVP and		% Owner her (specify Officer		
File			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
NEW YO	RK, NY 10019					Person		epotting		
(City)	(State)	(Zip)	Table I - Non-I	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect		
Reminder: R	eport on a separate lin	e for each class o	of securities bene	ficially ow	ned directly	or indirectly.				
				Perso inforn requir	ns who res nation cont red to resp	spond to the collection to the collection the collection of the co	n are not rm	SEC 1474 (9-02)		

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

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

number.

## Edgar Filing: Yablonka Uri - Form 4

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. Transactio Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (right to buy)	\$ 0.75	11/30/2018		А	13,333	12/30/2018 <u>(1)</u>	11/30/2028	Common Stock	13,333

## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
I generation of the	Director	10% Owner	Officer	Other			
Yablonka Uri C/O BRAINSTORM CELL THERAPEUTICS INC. 1325 AVENUE OF AMERICAS, 28TH FLOOR NEW YORK, NY 10019	Х		EVP and Chief Business Officer				
Signatures							
/s/ Nathaniel Gaede (pursuant to power of attorney)		/2018					
<u>**</u> 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).

Option vests and becomes exercisable in 12 consecutive, equal monthly installments commencing on December 30, 2018 until fully (1) vested and exercisable on November 30, 2019, provided that the reporting person remains a director of Brainstorm Cell Therapeutics on

(1) vested and exercisable on November 30, 2019, 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.