| Almenoff Ju<br>Form 4/A<br>March 20, 2   |  |       |      |   |              |      |           |  |              |                  |  |    |
|--|--|-------|------|---|--------------|------|-----------|--|--------------|------------------|--|----|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549   |  |       |      |   |              |      |           | OMB<br>OMB<br>Number   | •            | 5-0287           |  |    |
| Check this box<br>if no longer<br>subject to<br>Section 16. SECURITIES January 31<br>2005<br>Estimated average<br>burden hours per |  |       |      |   |              |      |           |  |              |                  | 2005   |    |
| (Print or Type   | Responses)   |       |      |   |              |      |           |  |              |                  |  |    |
| Almenoff June Sherie Symbol BRAIN  |  |       |      | r Name and<br>STORM<br>APEUTIC  | CELL         |      | c         | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)  |              |                  |  |    |
|  |  |       |      | of Earliest Transaction<br>Day/Year)<br>2018  |              |      |           | X Director 10% Owner<br>Officer (give title Other (specify<br>below) below)  |              |                  |  |    |
|  |  |       |      | endment, D<br>nth/Day/Yea<br>018  | -            | ıl   |           | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting<br>Person |              |                  |  |    |
| (City)   | (State)  | (Zip) | Tabl | le I - Non-l  | Derivative   | Secu | rities A  | cquired, Dispose   | ed of, o     | or Benefi        | cially Owne  | ed |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date 2A. Deemed<br>(Month/Day/Year) Execution Date, if<br>any<br>(Month/Day/Year) |       |      | TransactionAcquired (A) or<br>Code Disposed of (D)<br>(Instr. 8) (Instr. 3, 4 and 5)<br>(A) |              |      |           | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)   | Forn<br>Dire | ct (D)<br>direct | 7. Nature o<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |    |
| Common<br>Stock  | 03/15/2018   |       |      | P <u>(2)</u>  | 5,700<br>(1) | A    | \$<br>3.5 | 5,700  | Ι            |                  | By<br>Meadowl<br>Managen<br>LLC                                  |    |

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.

## Edgar Filing: Almenoff June Sherie - Form 4/A

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

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Amor<br>Unde<br>Secur | tele and<br>unt of<br>vrlying<br>rities<br>:. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|---------------------|--------------------|-----------------------|--|---|---|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares                 |   |   |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>  | Relationships |           |         |       |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|
|  | Director      | 10% Owner | Officer | Other |  |  |  |
| Almenoff June Sherie<br>C/O BRAINSTORM CELL THERAPEUTICS INC.<br>1745 BROADWAY, 17TH FLOOR<br>NEW YORK, NY 10019 | х             |           |         |       |  |  |  |
| Signatures   |               |           |         |       |  |  |  |
| /s/ Nathaniel Gaede (pursuant to power of attorney)  | 03/20/2       | 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 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.
- (2) This Form 4/A is being filed to reflect that this was an open market purchase of the Issuer's securities (On March 16, 2018 this transaction was incorrectly reported on Form 4 as an acquisition pursuant to Rule 16b-3(d).

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.