Edgar Filing: STEMCELLS INC - Form 4

| STEMCELLS INC Form 4 March 31, 2006 | | | | |
|---|---|--|--|--|
| FORM 4 UNITED STATE | | OMB APPROVAL | | |
| UNITED STATE. | S SECURITIES AND EXCHANGE (Washington, D.C. 20549 | COMMISSION OMB Number: 3235-0287 | | |
| Check this box if no longer | | Expires: January 31, 2005 | | |
| subject to STATEMENT O | Estimated average | | | |
| Section 16. Form 4 or | SECURITIES | burden hours per response 0.5 | | |
| Form 5 Filed pursuant to | Section 16(a) of the Securities Exchange | | | |
| may commute | Public Utility Holding Company Act o | | | |
| See Instruction 30(h) |) of the Investment Company Act of 19 | 40 | | |
| 1(b). | | | | |
| (Print or Type Responses) | | | | |
| 1. Name and Address of Reporting Person <u>*</u> TSUKAMOTO ANN | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | Symbol STEMCELLS INC [STEM] | | | |
| (Last) (First) (Middle) | 3. Date of Earliest Transaction | (Check all applicable) | | |
| | (Month/Day/Year) 03/31/2006 | Director 10% Owner X Officer (give title Other (specify | | |
| C/O STEMCELLS, INC., 3155 PORTER DRIVE | below) below) | | | |
| | | VP, Research & Development | | |
| (Street) | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | |
| | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person | | |
| PALO ALTO, CA 94304 | | Form filed by More than One Reporting Person | | |
| (City) (State) (Zip) | Table I - Non-Derivative Securities Ac | uired, Disposed of, or Beneficially Owned | | |
| 1.Title of 2. Transaction Date 2A. Dee | | | | |
| Security (Month/Day/Year) Execution | on Date, if Transaction(A) or Disposed of | Securities Form: Direct Indirect | | |
| (Instr. 3) any (Month | Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5) | Beneficially(D) orBeneficialOwnedIndirect (I)Ownership | | |
| x | | Following (Instr. 4) (Instr. 4) | | |
| | (A) | Reported Transaction(s) | | |
| | or Code V Amount (D) Price | (Instr. 3 and 4) | | |
| Common 03/31/2006 Stock | $J_{(1)}^{(1)}$ 718 A $\frac{$}{3.58}$ | 22,738 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)

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| 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. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna 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 | |
| TSUKAMOTO ANN C/O STEMCELLS, INC. 3155 PORTER DRIVE PALO ALTO, CA 94304 | | | VP, Research & Development | | |
| Signatures | | | | | |
| Ann Tsukamoto by Iris Brest, Attorney-in-Fact | | | 03/31/2006 | | |
| <u>**</u> Signature of Reporting Perso | n | | 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) The Company's quarterly match of employee contributions to the 401(k) Plan is made in common stock of the Company.

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.