STEMCELLS INC Form 4 March 12, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

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Check this box if no longer subject to Section 16. Form 4 or Form 5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

(City)

(State)

(Zip)

See Instruction

| 1. Name and Address of Reporting Person * TSUKAMOTO ANN | 2. Issuer Name and Ticker or Trading Symbol STEMCELLS INC [STEM] | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|---|--|---|--|--|--|--|
| (Last) (First) (Middle) | 3. Date of Earliest Transaction | (Check all applicable) | | | | |
| | (Month/Day/Year) | Director 10% Owner | | | | |
| C/O STEMCELLS, INC., 3155 | 03/10/2008 | X Officer (give title Other (specif below) | | | | |
| PORTER DRIVE | | Chief Operating Officer | | | | |
| (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 | | | | |

| nership 7. Nature of |
|----------------------|
| : Direct Indirect |
| r Beneficial |
| ect (I) Ownership |
| . 4) (Instr. 4) |
| |
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| |
| r |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table I. Non-Derivative Securities Acquired Disposed of or Reneficially Owned

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 | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exer | cisable and | 7. Title | and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|------------|------------|--------------|-------------|-----------|----------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | onNumber | Expiration D | ate | Amoun | it of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Underly | ying | Security | Secui |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivativ | e | | Securit | ies | (Instr. 5) | Bene |
| | Derivative | | | | Securities | | | (Instr. 3 | 3 and 4) | | Own |
| | Security | | | | Acquired | | | | | | Follo |
| | | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | , | Amount | | |
| | | | | | | | | | or | | |
| | | | | | | Date | Expiration | | Number | | |
| | | | | | | Exercisable | Date | | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

TSUKAMOTO ANN C/O STEMCELLS, INC. 3155 PORTER DRIVE PALO ALTO, CA 94304

Chief Operating Officer

Signatures

Ann Tsukamoto 03/12/2008 Date **Signature of Reporting Person

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) Restricted stock units, with 1/3 vesting on each of the three anniversaries following the grant.
- (2) Includes shares held in 401(k) account, in accordance with issuer's employer-match policies.

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.

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