## Edgar Filing: PLURISTEM THERAPEUTICS INC - Form 4

PLURISTEM THERAPEUTICS I Form 4 June 27, 2013	NC						
FORM 4UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549Check this box if no longer subject to Section 16. Form 4 or Form 5 					OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type Responses)							
1. Name and Address of Reporting Person BRAUN ISAAC	<ul> <li><sup>1</sup> 2. Issuer Name and Ticker</li> <li>Symbol</li> <li>PLURISTEM THERA</li> <li>INC [PSTI]</li> </ul>	-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle 9 ZEHARIA STREET	3. Date of Earliest Transacti (Month/Day/Year) 06/27/2013	ion	X Director Officer (give t below)		Owner er (specify		
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by					int/Group Filing(Check One Reporting Person Iore than One Reporting		
(City) (State) (Zip)	Table I - Non-Derivation	ive Securities Acc	uired, Disposed of,	, or Beneficial	ly Owned		
(Instr. 3) any (M	cution Date, if Transaction(A) c Code (D)	(A) or	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common 06/27/2013(1) Stock	A 50,0	000 A \$0	265,208	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)

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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Addre	PSS	Relationships					
nepotong o militani ( milita) milita	Director	10% Owner	Officer	Other			
BRAUN ISAAC 9 ZEHARIA STREET BENE BARAK, L3 51540	Х						
Signatures							
/s/ Isaac Braun	06/27/2013						
<u>**</u> Signature of	Date						

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) The shares vest as follows: 25% after 6 months from grant and the remaining shares vest in 6 equal installments every 3 months thereafter.

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.