FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Hernandez Alexandra</u>	2. Date of Requiring (Month/Da 07/07/20	Statement ay/Year)	3. Issuer Name and Ticker or Trading Symbol Lineage Cell Therapeutics, Inc. [LCTX]				
(Last) (First) (Middle) C/O LINEAGE CELL THERAPEUTICS			Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)	
2173 SALK AVENUE, SUITE 200			X Officer (give title below)	Other (below)	specify		int/Group Filing e Line) by One Reporting
(Street) CARLSBAD CA 92008			Sr Director Finan	ce/Control	ler	Person	by More than One Person
(City) (State) (Zip)							
	Table I - No		ive Securities Benef		1		
1. Title of Security (Instr. 4)		- 1	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: D (D) or In (I) (Instr	irect C	. Nature of Indirect Beneficial Iwnership (Instr. 5)	
(e.			e Securities Benefici nts, options, conver				
1. Title of Derivative Security (Instr. 4)		lls, warra		tible sec	4. Conversi	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
,	g., puts, ca	lls, warra	nts, options, conver 3. Title and Amount of So Underlying Derivative Se	tible sec	4. Conversi	ion Ownership Form: Direct (D) or Indirect	Indirect Beneficial
,	g., puts, ca 2. Date Exerce Expiration Do (Month/Day/	ils, warra cisable and ate (ear) Expiration	3. Title and Amount of St Underlying Derivative Se (Instr. 4)	ecurities ecurity Amount or Number of	4. Conversior Exerciprice of Derivativ	ion Ownership Form: Direct (D) or Indirect	Indirect Beneficial Ownership (Instr.
Title of Derivative Security (Instr. 4) Employee Stock Option (Right to	g., puts, ca 2. Date Exerc Expiration D. (Month/Day/) Date Exercisable	Ils, warra cisable and ate fear) Expiration Date	a. Title and Amount of St Underlying Derivative Se (Instr. 4)	ecurities ecurity Amount or Number of Shares	4. Conversion Exerciprice of Derivativ	on Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Indirect Beneficial Ownership (Instr.
1. Title of Derivative Security (Instr. 4) Employee Stock Option (Right to Buy) Employee Stock Option (Right to	g., puts, ca 2. Date Exerc Expiration D: (Month/Day/\) Date Exercisable	Expiration Date	3. Title and Amount of Sunderlying Derivative Se (Instr. 4) Title Common Shares	Amount or Number of Shares	4. Conversion Exercion Price of Derivativ Security	on Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Indirect Beneficial Ownership (Instr.

Explanation of Responses:

- 1. One quarter of the options vested on September 1, 2020 and the remaining will vest in 36 equal monthly installments thereafter upon the completion of each month of continuous employment.
- 2. One quarter of the options vested on March 17, 2021 and the remaining will vest in 36 equal monthly installments thereafter upon the completion of each month of continuous employment.
- 3. One quarter of the options vested on March 15, 2022 and the remaining will vest in 36 equal monthly installments thereafter upon the completion of each month of continuous employment.
- 4. One quarter of the options will vest on March 10, 2023 and the remaining will vest in 36 equal monthly installments thereafter upon the completion of each month of continuous employment.

/s/ Alexandra Hernandez 07/08/2022

** Signature of Reporting

Date

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

- * If the form is filed by more than one reporting person, see Instruction 5 (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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.