FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0362 | | | | | | | | | | |
| | Estimated average burden | | | | | | | | | | | |
| - | hours per response: | 1.0 | | | | | | | | | | |

Instruction 1(b)

| Form 3 | Holdings Repo | rted. | | | | | | | | | | | | | ours per | гозропос. | 1.0 |
|---|--|--|---|---|---|--|------------|---|------------------------|---------------------------------------|--|---|--|--|--|--|--|
| _ | Transactions R | | Fil | ed pursuant to or Sectior | | | | | ities Exch ompany A | | | 34 | | | | | |
| 1. Name and Address of Reporting Person* <u>KINGSLEY ALFRED D</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Lineage Cell Therapeutics, Inc. [LCTX] | | | | | | | 5. Relationship of Reporting Person(s) to Is: (Check all applicable) X Director 10% Or | | | | | |
| (Last) (First) (Middle) 150 E. 57TH STREET | | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2019 | | | | | | | Officer (give title Other (specify below) below) | | | | | |
| (Street) NEW YORK NY 10022 (City) (State) (Zip) | | | | | | f Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | | | | | osed | 5. Amount Securities Beneficial Owned at | Owners y Form: D | | | | |
| | | | | (MOHUI/Day/Tear) | | 3) | | Amount | Amount (A) | | Price | | Issuer's Fiscal Year (Instr. 3 and 4) | | Indirect (I) (Instr. 4) | | nstr. 4) |
| Common | Shares, no p | par value | 09/01/2019(1) | | G 32,000 D (1) | |) | 5,425 | ,945 | Г | | | | | | | |
| Common | Shares, no p | par value | | | | | | | | | | | 1,043,346 I By Corpo | | | By Corporation ⁽²⁾ | |
| Common | Shares, no p | oar value | | | | | | | | | | | 375,351 I By L1 | | | By LP ⁽³⁾ | |
| | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | stion of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exp (Mo | Date Exercisable and piration Date onth/Day/Year) ate Expiration ercisable | | Am Sec Und Der Sec and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amou or Numb of Title Share | | Report Transa (Instr. | | ive ies sially ng ed ction(s) | 10. Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership ct (Instr. 4) |

Explanation of Responses:

- $1. \ During \ September \ 2019, \ Mr. \ Kingsley \ gifted \ a \ total \ of \ 32,000 \ common \ shares.$
- 2. Held by Greenbelt Corporation, of which Mr. Kingsley is an executive officer, director, and controlling shareholder. Mr. Kingsley disclaims beneficial ownership of these shares, except to the extent of his pecuniary interest.
- 3. Held by Greenway Partners, LP, of which Mr. Kingsley is the General Partner and has sole voting and dispositive control.

/s/ Alfred D. Kingsley 02/14/2020

** Signature of Reporting Person 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 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).

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.