FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	D C	20540	
Washington,	D.C.	20049	

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours par raspansa:	0.5						

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 BRADSHER NEAL C				Lineage Cell Therapeutics, Inc. [LCTX]									lationship of ck all applica Director	ible)	g Perso			
(Last)	(Fir		Middle)		3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) Other (specific pelow)										pecify			
C/O BROADWOOD CAPITAL INC. 142 WEST 57TH STREET, 11TH FLOOR				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicable ne) Form filed by One Reporting Person					
(Street) NEW YORK NY 10019				Ru	Form filed by More than One Reporting Person Pule 10h5 1(a) Transaction Indication											ng		
(City)	(Sta	ate) (Zip)			Chec	10b5-1(c) Transaction Indication eck this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satis affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								satisfy			
		Tal	ole I - No	n-Deriv	ative	Se	curities	s Ac	quired, [)isį	osed o	f, or Ben	eficially	Owned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/l			action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.) 8)					Securities Beneficial Owned Fo	5. Amount of Securities Beneficially Owned Following	6. Ownershi Form: Direct (D) or Indire (I) (Instr. 4)	Direct Indirect Etr. 4)	. Nature of ndirect Beneficial Ownership		
							Code	/	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and	ansaction(s) astr. 3 and 4)			nstr. 4)		
												or Benef ble secur		wned				
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		Fransaction of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5) 8. Numb derivative Securiti Benefic Owned Followin Reporte Transac (Instr. 4)		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisable	, E	xpiration ate	Title	Amount or Number of Shares					
OPTION TO PURCHASE COMMON SHARES	\$0.9541	07/01/2024			A		75,000		(1)	0	7/01/2034	COMMON SHARES	75,000	\$0 ⁽²⁾	75,00	00	D	
OPTION TO PURCHASE COMMON SHARES	\$1.41								(3)	0	7/01/2033	COMMON SHARES	50,000		50,00	00	D	
OPTION TO PURCHASE COMMON SHARES	\$1.57								(3)	0	7/01/2032	COMMON SHARES	50,000		50,00	00	D	
OPTION TO PURCHASE COMMON SHARES	\$2.86								(3)	0	7/01/2031	COMMON SHARES	50,000		50,00	00	D	
OPTION TO PURCHASE COMMON SHARES	\$0.8263								(3)	0	7/01/2030	COMMON SHARES	40,000		40,00	00	D	
OPTION TO PURCHASE COMMON SHARES	\$1.03								(3)	0	6/30/2029	COMMON SHARES	40,000		40,00	00	D	

Explanation of Responses:

- 1. These options will vest and become exercisable on July 1, 2025, provided, that Neal C. Bradsher (the "Reporting Person") remains a member of the board of directors of Lineage Cell Therapeutics, Inc. (the "Issuer") on that date.
- 2. These options were granted to the Reporting Person by the Issuer on July 1, 2024 as director compensation pursuant to the Issuer's 2021 Equity Incentive Plan, as amended.
- 3. These options are currently exercisable.

Neal C. Bradsher, /s/ Neal C. Bradsher

07/03/2024

** 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.