FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APP	ROVAL						
OMB Number: 3235-0362							
Estimated average	burden						
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Check	this box if no lo	nger subject		• • • • • • • • • • • • • • • • • • • •	asimig	jtori, D.	.0. 200						L	OME	3 APP	PROV	'AL	
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).			ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP										OMB Number: 3235-0362 Estimated average burden hours per response: 1.0					
Form	3 Holdings Rep	orted.	OTT. ELECTION											<u> </u> L	nours per i	esponse	.	1.0
Form	4 Transactions I	Reported.	Fi	led pursuant to Se or Section 30														
1. Name a		2. Issuer Name and Ticker or Trading Symbol <u>Lineage Cell Therapeutics, Inc.</u> [LCTX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
KINGS	SLEY AL	_ lineage	Lineage Cen Therapeutics, Inc. [LCIX]							, [,	X Dire				10% Owner			
(Last)	3. Statement 12/31/2022	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)								Offic belo	er (give w)			her (sp low)	pecify			
C/O LIN	IEAGE CEI	L THERAPE	UTICS	12/31/2022	<u> </u>													
2173 SA	LK AVENU	JE, SUITE 200)	4. If Amendn	4. If Amendment, Date of Original Filed (Month/Day/Year)) 6.	6. Individual or Joint/Group Filing (Check Applicable					
(Street)				-	3								Line)					
CARLSBAD CA			92008										X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(Sta	ate)	(Zip)															
(=:5)	(votivo Socuri	itioo	Λοα	uiros	d Die		d of	or F	Panafia	برالي مالي					
			e I - Non-Deri		_	Acq		-		-			-		1.			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	Tra	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially		6. Ownership Form: Direct				
				(Month/Day/Year)	8)			Amount		(A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common Shares, no par value			12/01/2022		G			25,000		D	(1)		5,430,545		D			
Common Shares, no par value													1,043,	43,346 I		By Corpor		ration ⁽²⁾
Common	Shares, no	par value											375,35		51 I		By LP ⁽³⁾	
		Ta	able II - Deriva	ative Securiti puts, calls, w										d				
	1.		1										-	1				
1. Title of Derivative Security (Instr. 3)	Security or Exercise (Month/Da		3A. Deemed Execution Date, if any (Month/Day/Yea	Transaction Code (Instr. r) 8)	of Deriva Secur Acqui (A) or Dispo of (D) (Instr.	of Derivative Securities Acquired (A) or Disposed		Date Exercisable and piration Date onth/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		mber of ative rities ficially dowing rted action(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)		Date Exerci	isable	Expira Date		Γitle	Amount or Number of Shares						

Explanation of Responses:

- 1. Represents a gift of 25,000 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
- 3. Held by Greenway Partners, LP, of which Mr. Kingsley is the General Partner and has sole voting and dispositive control.

/s/ Grant Harbert, as Attorneyin-Fact

02/14/2023

** 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.