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FORM 4 UNITED) STA	ATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549														
Section 1	his box if no long 16. Form 4 or F ns may continue on 1(b).	orm 5	STAT		ed purs	suant	to Secti	on 16(curitie	es Exchar	IAL OW		HIP	OMB Estim	Numbe	r: ;	3235-0287	
1. Name and Address of Reporting Person* BRADSHER NEAL C									cker or Tradi I <mark>erapeuti</mark>			(Che	elationship o eck all applic X Director	able)	Reporting Person(s) to Issu ble) X 10% Ow				
	C/O BROADWOOD CAPITAL INC.					3. Date of Earliest Transaction (Month/Day/Year) 07/01/2016								Officer (give title Other (specify below) below)					
142 WEST 57TH STREET, 11TH FLOOR						4. If Amendment, Date of Original Filed (Month/Day/Year) 07/02/2020								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NEW YORK NY 10019													X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)																			
		Tab	le I - Non	1-Deriv	/ative	e Se	curiti	es A	cquired, I	Disp	osed o	of, or Ben	eficially	/ Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ar) i	2A. Dee Executio if any (Month/I	on Date	e, Transaction Disposed Code (Instr.			ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5		5. Amoun Securities Beneficia Owned Fo Reported	s Ily ollowing	Form (D) or	r Indirect E str. 4) C	7. Nature of ndirect Beneficial Dwnership	
									Code	v	Amount (A) or (D) Pr		Price	Transaction(s) (Instr. 3 and 4)				Instr. 4)	
		Т										, or Bene ble secur		Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivati Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		piration ite	Title	Amount or Number of Shares						
OPTION TO PURCHASE COMMON SHARES	\$1.67 ⁽¹⁾								(2)	06	/30/2023	COMMON SHARES	49,440		49,44	40	D		
OPTION TO	\$2.55 ⁽¹⁾								(2)	06	/30/2022	COMMON SHARES	24,720		24,72	20	D		
PURCHASE COMMON SHARES	\$2.55																		
PURCHASE COMMON SHARES					Code	v	(A)	(D)	(2)	e Da	/30/2023	COMMON SHARES	Shares 49,440					_	

Explanation of Responses:

1. This amendment to the Form 4 filed by Neal C. Bradsher on July 2, 2020 (the "July 2020 Form 4") is being made solely to correct the exercise price of certain options to purchase common shares of Lineage Cell Therapeutics, Inc. (the "Issuer") currently held by Mr. Bradsher (collectively, the "Stock Options"). In particular, the respective exercise prices of these reported Stock Options were adjusted following the distribution of shares of common stock of AgeX Therapeutics, Inc. to the Issuer's shareholders on November 28, 2018 (the "AgeX Distribution"). The number of Stock Options was properly adjusted at the time of the AgeX Distribution; however, the exercise prices of these reported Stock Options were not properly adjusted. For the avoidance of doubt, none of the Stock Options reported in this Form 4 amendment or the July 2020 Form 4 filing have been exercised.

2. These options are currently exercisable.

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** Signature of Reporting Person

02/16/2021

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.