FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPR	ROVAL								
l	OMB Number:	3235-0287								
Estimated average burden										
l	hours per response:	0.5								

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

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				2. Issuer Name and Ticker or Trading Symbol Lineage Cell Therapeutics, Inc. [ LCTX ]								(Ch	elationship of eck all applica X Director	able)	g Perso	10% O	wner	
		CAPITAL INC.	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/01/2021								Officer ( below)	(give title		Other ( below)	specify
142 WEST	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								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)	(Sta	ite) (	Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Trans Date (Month/					action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I	Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		nd 5) Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
	Code V Amount							(A) or (D)	Price	Reported Transaction (Instr. 3 and	on(s)			(Instr. 4)				
	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)	Execution Date, Transaction of Expiration Date of Securities			s Derivative	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficie Owned Followin Reporter Transact (Instr. 4)	ve es ally ig d tion(s)	10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)							
					Code	v	(A)	(D)	Date Exercisab		expiration Date	Title	Amount or Number of Shares	1				
OPTION TO PURCHASE COMMON SHARES	\$2.86	07/01/2021			A		50,000		(1)	C	7/01/2031	COMMON SHARES	50,000	\$0 <sup>(2)</sup>	50,0	00	D	
OPTION TO PURCHASE COMMON SHARES	\$0.8263								(3)	C	7/01/2030	COMMON SHARES	40,000		40,0	00	D	
OPTION TO PURCHASE COMMON SHARES	\$1.03								(3)	C	6/30/2029	COMMON SHARES	40,000		40,0	00	D	
OPTION TO PURCHASE COMMON SHARES	\$1.67								(3)	C	6/30/2023	COMMON SHARES	49,440		49,4	40	D	
OPTION TO PURCHASE COMMON SHARES	\$2.55								(3)	C	6/30/2022	COMMON SHARES	24,720		24,7	20	D	

## **Explanation of Responses:**

- 1. These options will vest and become exercisable on July 1, 2022, provided, that Neal C. Bradsher (the "Reporting Person") remains a member of the board of directors of Lineage Cell Therapeutics, Inc. (the
- 2. These options were granted to the Reporting Person by the Issuer on July 1, 2021 as director compensation pursuant to the Issuer's 2012 Equity Incentive Plan, as amended.
- 3. These options are currently exercisable.

/s/ Neal C. Bradsher

07/01/2021

\*\* 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.