| SEC | Form 4 | |
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FORM 4

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 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| Filed pu | rsuant f | o Sectio | n 16(a) | of the | Securities | Exchan |
|----------|----------|----------|---------|--------|------------|--------|
| | | | | | | |

| Instruction 1(b) | y continue. See | | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 | | hour | hours per response: | |
|---|-----------------|-----------------|---|----------|--|---------------------|--|
| (_) | | | or Section 30(h) of the Investment Company Act of 1940 | | | | |
| 1. Name and Address of Reporting Person* Young Rodney KB (Last) (First) (Middle) STEMCELLS, INC. 3155 PORTER DRIVE (Street) PALO ALTO CA 94304 (City) (State) (Zip) | | Person* | 2. Issuer Name and Ticker or Trading Symbol <u>STEMCELLS INC</u> [STEM] | (Check | ationship of Reporti (all applicable) Director Officer (give title | 0 | (s) to Issuer 10% Owner Other (specify |
| | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 08/23/2007 | - X | | | below) |
| | | 94304 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | vidual or Joint/Grou Form filed by Or Form filed by Mo Person | ne Reporti | ng Person |
| | | Table I - Non-I | Derivative Securities Acquired. Disposed of. or Benefi | cially (| Dwned | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | ction | 4. Securities A Disposed Of (| | | 5. Amount of 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(s) (Instr. 3 and 4) | | (Instr. 4) |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | (cigi, puis, cais, warrans, 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. Transa Code (8) | | Derivative | | 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) | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Stock Option (right to purchase) | \$2.21 | 08/23/2007 | | A | | 150,000 | | 08/23/2008 ⁽¹⁾ | 08/23/2017 | Common Stock | 150,000 | \$0.00 | 150,000 | D | |

Explanation of Responses:

1. Employee Incentive Stock Option; vests 1/4 on the first anniversary of the grant and 1/48 per month thereafter

Remarks:

Rodney KB Young by Ken Stratton, Attorney in Fact

08/24/2007

** 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.