FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, b.c. 20349

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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OMB APPROVAL

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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* | | | | | | 2. Issuer Name and Ticker or Trading Symbol STEMCELLS INC [stem] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|--|---|-------------------|--------------|--|--|-------------------|--|---|--------|---|----------------------|-------|---|--|---|---|---|--|
| MCGLYNN MARTIN M | | | | | | DILINICELLO IIVC [Stelli] | | | | | | | | | X Direc | | tor | 10% O | | wner |
| (Last) (First) (Middle) | | | | | 3. D | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | X Office below | | icer (give title ow) | | Other (specify below) | |
| C/O STEMCELLS, INC. | | | | | | 12/31/2003 | | | | | | | | | President & CEO | | | | | |
| 3155 PORTER DRIVE | | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| PALO ALTO CA 94304 | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution | | | Code (| | | ties Acquired (A) I Of (D) (Instr. 3, | | | 4 and Se Be Ow | | ecurities eneficially wned Following | | nership Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 12/31/ | | | | | | 1/2003 | | | | | 1,321 | | A | \$1. | 98 | 11.431 | | | D | |
| | 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) | 3A. Deeme Execution if any (Month/Da | Date, Transaction | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | vative urity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | vnership rm: rect (D) Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | ide V (A) (I | | | Date Exercisal | Date E Exercisable D | | Title | or Nur of | ount nber ıres | | | | | | | |

Explanation of Responses:

1. The Company's quarterly match of employee contributions to the 401(k) Plan is made in common stock of the Company.

Remarks:

Martin M. McGlynn by Iris Brest, Attorney-in-Fact

12/31/2003

** 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.