FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Massey Ian J | | | | | | 2. Issuer Name and Ticker or Trading Symbol STEMCELLS INC [STEM] | | | | | | | | | | all app Dired Offic | olicable) ctor er (give title | Othe | Owner r (specify |
|--|---|--|--|---------------------------|------------------------------|--|---------|---|-----------------------------|--|---|------|------------------------------------|---------------------------|-----------------------|---|---|---|---------------------|
| | MCELLS, | , | (Middle) | | | ate o 15/2 | | t Trans | action (M | 1onth/ | Day/Year) | | | | 71 | belo | , | belov utive Officer | <i>'</i> |
| (Street) NEWARI (City) | K CA | A 9 | 94560 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 5. Indiv ine) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | le I - No | n-Deri\ | /ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, o | r Ben | efici | ally | Owne | ed | | |
| Da | | | Date | ansaction th/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | 4 and 5) Sed Bei Ow | | ount of ities icially d Following ted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | (A) or (D) | | Price | e | Transaction(s) (Instr. 3 and 4) | | | (ea) | | | |
| Common Stock 03/15/ | | | | | 5/2016 | 2016 | | | A | | 378,460 A | | \$0. | 00(1) | 2,378,460(2) | | D | | |
| Common Stock | | | | | | | | | | | | | | | 17,456 | | I | By 401(k) Plan ⁽³⁾ | |
| 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. Deen Executio if any (Month/D | n Date, | 4. Transa Code (8) | | of | rities ired osed . 3, 4 | 6. Date Expiration (Month/L | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | nstr. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Restricted stock units with performance based vesting set by the issuer's Board of Directors and tied to the timely and successful conduct and completion of the issuer's Phase II clinical study in spinal cord
- 2. Consists of 2,378,460 restricted stock units with performance based vesting.
- ${\it 3. Includes shares held in 401(k) account in accordance with issuer's employer-match policies.}\\$

Remarks:

/s/ Ken Stratton, attorney-in-04/18/2016

** Signature of Reporting Person

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.