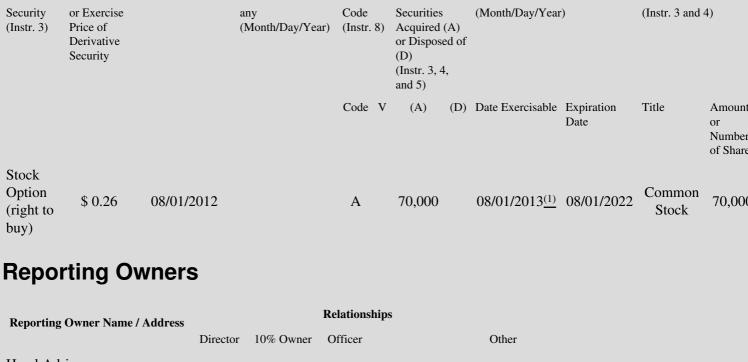
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Harel Adrian Form 4	1									
August 03, 2	2012									
FORM	14 UNITED	STATES	SECU	DITIFS /	ND FY	CHANCE	COMMISSION	т	PPROVAL	
Check th		STATES		shington				Number:	3235-0287	
if no long		AENT OI	ГСНАВ	ICES IN	RENEE		WNEDSHIDOE	Expires:	January 31, 2005	
Section 1	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Form 4 or							Estimated burden hou	Estimated average burden hours per response 0.5	
Form 5 obligatio may cont <i>See</i> Instr 1(b).	ns tinue. Section 17(a) of the l	Public U	Itility Hol	ding Cor		nge Act of 1934, of 1935 or Section 940	·		
(Print or Type I	Responses)									
1. Name and Address of Reporting Person <u>*</u> Harel Adrian			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
				ISTORM APEUTIC		BCLI]	(Che	eck all applicabl	e)	
(Last)	(First) (A	Middle)		of Earliest T Day/Year)	ransaction		Director X Officer (given the second se		% Owner er (specify	
605 THIRD FLOOR	AVENUE,, 34T	Н	08/01/2	-			below) Chief	below) Executive Offi	cer	
	(Street)			endment, D	-	1	6. Individual or	Joint/Group Fili	ng(Check	
NEW YOR	K, NY 10158		Filed(Mc	onth/Day/Yea	r)		Applicable Line) _X_ Form filed by Form filed by Person	One Reporting P More than One R		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	Disposed	(A) or of (D)	Beneficially Owned Following	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	Reported Transaction(s) (Instr. 3 and 4)			
Reminder: Rep	oort on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
					inforn requir	nation cont ed to resp lys a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					posed of, or convertible	Beneficially Owner securities)	1		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securitie

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Harel Adrian 605 THIRD AVENUE, 34TH FLOOR NEW YORK, NY 10158

Signatures

"/s/ Thomas B. Rosedale (pursuant to power of attorney)

**Signature of Reporting Person

08/03/2012 Date

Chief Executive Officer

Explanation of Responses:

- * 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).
- (1) Option vests as to 33 1/3% of the number of shares on the first anniversary of the grant date and then monthly thereafter until fully vested on the third anniversary of the grant date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.