## Edgar Filing: GERON CORP - Form 4

| GERON CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ORP                     |                             |                                                                                           |                                                                        |                   |                  |                                     |                                                                                                         |                                                                   |                    |  |
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| Form 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                             |                                                                                           |                                                                        |                   |                  |                                     |                                                                                                         |                                                                   |                    |  |
| May 26, 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 06                      |                             |                                                                                           |                                                                        |                   |                  |                                     |                                                                                                         |                                                                   |                    |  |
| FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 14                      |                             | GEGU                                                                                      | DIFIE                                                                  |                   |                  | NGE                                 |                                                                                                         |                                                                   | PPROVAL            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | UNITED                  | STATES                      |                                                                                           | RITIES A<br>Ashington                                                  |                   |                  | NGE                                 | COMMISSION                                                                                              | OMB<br>Number:                                                    | 3235-0287          |  |
| Check the check |                         |                             |                                                                                           |                                                                        |                   |                  |                                     |                                                                                                         | Expires:                                                          | January 31,        |  |
| if no lor<br>subject<br>Section<br>Form 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | to <b>SIAIE</b><br>16.  | MENT OF                     | Estimated burden hou                                                                      | Expires: 2005<br>Estimated average<br>burden hours per<br>response 0.5 |                   |                  |                                     |                                                                                                         |                                                                   |                    |  |
| Form 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | rsuant to S                 | lection <sup>*</sup>                                                                      | 16(a) of th                                                            | ne Secur          | ities E          | xcha                                | nge Act of 1934,                                                                                        | response                                                          | 0.5                |  |
| obligatio<br>may cor<br><i>See</i> Inst<br>1(b).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ons Section 170         | (a) of the H                | Public U                                                                                  |                                                                        | lding Co          | mpany            | Act                                 | of 1935 or Sectio                                                                                       | on                                                                |                    |  |
| (Print or Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Responses)              |                             |                                                                                           |                                                                        |                   |                  |                                     |                                                                                                         |                                                                   |                    |  |
| 1. Name and Address of Reporting Person <u>*</u><br>HARLEY CALVIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                             |                                                                                           | er Name <b>an</b>                                                      | <b>d</b> Ticker o | or Tradir        | ıg                                  | 5. Relationship of Reporting Person(s) to Issuer                                                        |                                                                   |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         | Symbol<br>GERON CORP [GERN] |                                                                                           |                                                                        |                   |                  | (Check all applicable)              |                                                                                                         |                                                                   |                    |  |
| (Last)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (First) (               | Middle)                     |                                                                                           | of Earliest T                                                          | ransactior        | ı                |                                     |                                                                                                         |                                                                   |                    |  |
| 230 CONSTITUTION DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                             | (Month/Day/Year)<br>05/24/2006                                                            |                                                                        |                   |                  |                                     | Director 10% Owner<br>X Officer (give title Other (specify<br>below) below)<br>Chief Scientific Officer |                                                                   |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Street)                |                             | 4. If Am                                                                                  | endment, D                                                             | ate Origin        | al               |                                     | 6. Individual or Joint/Group Filing(Check                                                               |                                                                   |                    |  |
| Filed(N<br>MENLO PARK, CA 94025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                             |                                                                                           | onth/Day/Yea                                                           | ır)               |                  |                                     | Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting     |                                                                   |                    |  |
| WIENLO F.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AKK, CA 94023           |                             |                                                                                           |                                                                        |                   |                  |                                     | Person                                                                                                  |                                                                   |                    |  |
| (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (State)                 | (Zip)                       | Tab                                                                                       | ole I - Non-J                                                          | Derivativ         | e Securi         | ities A                             | cquired, Disposed o                                                                                     | of, or Beneficia                                                  | lly Owned          |  |
| 1.Title of<br>Security<br>(Instr. 3)2. Transaction Date<br>(Month/Day/Year)2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | Date, if                    | 3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5) |                                                                        |                   | )                | Securities<br>Beneficially<br>Owned | . Ownership<br>orm: Direct<br>D) or Indirect<br>()<br>(nstr. 4)                                         | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                             |                                                                                           | Code V                                                                 | Amount            | (A)<br>or<br>(D) | Price                               | Transaction(s)<br>(Instr. 3 and 4)                                                                      |                                                                   |                    |  |
| Reminder: Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | port on a separate line | e for each cla              | ass of sec                                                                                | urities bene                                                           | ficially ov       | vned dir         | ectly o                             | or indirectly.                                                                                          |                                                                   |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                             |                                                                                           |                                                                        |                   |                  |                                     | pond to the collect<br>ained in this form                                                               |                                                                   | SEC 1474<br>(9-02) |  |

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 control number.

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

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.        | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of | 8 |
|-------------|-------------|---------------------|--------------------|-----------|--------------|-------------------------|------------------------|---|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti | orDerivative | Expiration Date         | Underlying Securities  | D |
| Security    | or Exercise |                     | any                | Code      | Securities   | (Month/Day/Year)        | (Instr. 3 and 4)       | S |

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| (Instr. 3)                           | Price of<br>Derivative<br>Security | (Month/Day | y/Year) | (Instr. | 8) | Acquired<br>or Dispos<br>(D)<br>(Instr. 3, 4<br>and 5) | ed of |                     |                    |                 | (                                   |
|--------------------------------------|------------------------------------|------------|---------|---------|----|--------------------------------------------------------|-------|---------------------|--------------------|-----------------|-------------------------------------|
|                                      |                                    |            |         | Code    | v  | (A)                                                    | (D)   | Date<br>Exercisable | Expiration<br>Date | Title           | Amount<br>or<br>Number<br>of Shares |
| Stock<br>Option<br>(right to<br>buy) | \$ 6.63                            | 05/24/2006 |         | A       |    | 60,000                                                 |       | <u>(1)</u>          | 05/24/2016         | Common<br>Stock | 60,000                              |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                           | Relationships |           |                          |       |  |  |  |  |
|-----------------------------------------------------------------|---------------|-----------|--------------------------|-------|--|--|--|--|
|                                                                 | Director      | 10% Owner | Officer                  | Other |  |  |  |  |
| HARLEY CALVIN<br>230 CONSTITUTION DRIVE<br>MENLO PARK, CA 94025 |               |           | Chief Scientific Officer |       |  |  |  |  |
| Signatures                                                      |               |           |                          |       |  |  |  |  |

/s/ Calvin B. Harley \*\*Signature of Date

<u>\*\*</u>Signature of Reporting Person

## **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) This option is exercisable in a consecutive series of 48 monthly installments commencing May 24, 2006 provided the optionee continues to provide services to the Company.

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.

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