Edgar Filing: LEBKOWSKI JANE - Form 4

LEBKOWSK	KI JANE												
Form 4													
June 16, 201	1												
FORM	1									OMB AF	PPROVAL		
	UNITEL) STATES				ND EXC D.C. 205		IGE C	OMMISSION	OMB Number:	3235-0287		
Check thi										Expires:	January 31,		
subject to STATEMENT OF CHANG					GES IN BENEFICIAL OWNERS					Estimated a	2005 Werage		
Section 10	16.				J R I	ITIES				burden hou			
Form 4 or										response 0.			
Form 5 obligation	• · · · · ·							-	e Act of 1934,				
may conti				•		•	• •		1935 or Section	n			
See Instru	iction	30(h)	of the In	vestme	ent (Company	/ Act	of 194	0				
1(b).													
(Print or Type R	(esponses)												
(Thin of Type is	(esponses)												
1. Name and A	ddress of Reporting	g Person *	2 Issuer	Name a	hnd	Ticker or T	Fradin	T.	5. Relationship of	Reporting Pers	son(s) to		
LEBKOWSKI JANE Symbol					er Name and Ticker or Trading				Issuer				
Symbol				ON CORP [GERN]									
									(Check all applicable)				
(Last)	(First)	(Middle)		ate of Earliest Transaction nth/Day/Year)					Director	10%	Owner		
				5/14/2011					Diffect (give title Other (sp				
CONSTITUTION DRIVE									below) below) SVP, Chief Scientific Officer				
									, i i i i i i i i i i i i i i i i i i i				
(Street) 4. If A				If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(Mon				(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
	DV CA 04025								Form filed by M				
MENLO PA	RK, CA 94025								Person				
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative S	ecurit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Da			3.		4. Securit			5. Amount of	6. Ownership			
Security	(Month/Day/Year	·	Execution Date, if any (Month/Day/Year)			n(A) or Dis	-			Form: Direct			
(Instr. 3)		•				(Instr. 3, 4	i and s))	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(Infoliant)	<i>Suj</i> (10 <i>u</i>)	(Instr.	0)				Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported				
							or		Transaction(s)				
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock (1)	06/14/2011			S <u>(1)</u>		25,262 (1)	D	\$ 4.28	568,154	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
LEBKOWSKI JANE C/O GERON CORPORATION 230 CONSTITUTION DRIVE MENLO PARK, CA 94025			SVP, Chief Scientific Officer					
Signatures								
/s/ Olivia Bloom for Jane S. Lebkowski		06/16/20	11					
<u>**</u> Signature of Reporting Person		Date						
Explanation of Dooponooo								

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) Shares sold for payment of payroll tax withholdings in connection with vesting of restricted stock awards.

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.