Edgar Filing: GERON CORP - Form 4

| GERON COR Form 4 | | | | | | | | | | | | |
|--------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|------------------------|---------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|--|
| October 01, 20 | 4 UNITED S | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | OMB APPROVAL OMB 3235-0287 Number: January 31 Expires: 2005 Estimated average burden hours per response 0.5 | | |
| Check this if no longer subject to Section 16. Form 4 or Form 5 | r STATEM | | | | | | | | | | | |
| obligations may contin <i>See</i> Instruc 1(b). | ue. Section 17(a | a) of the P | ublic Uti | | ing Com | pany | Act o | f 1935 or Sectio | on | | | |
| (Print or Type Re | esponses) | | | | | | | | | | | |
| Molineaux Susan Symbol | | | | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (M | | 3. Date of Earliest Transaction (Check | | | | ck all applicable | all applicable) | | | | |
| | CORPORATIC EALTH DRIVI | N, 149 (| (Month/Da 09/30/20 | - | | | | X Director Officer (give below) | | o Owner er (specify | | |
| | Filed(Month/Day/Year) Applicable Li | | | | | Applicable Line) | Joint/Group Filing(Check y One Reporting Person | | | | | |
| MENLO PAR | RK, CA 94025 | | | | | | | | More than One Re | | | |
| (City) | (State) | (Zip) | Table | I - Non-De | erivative S | ecuri | ties Ac | quired, Disposed o | of, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | n Date, if | 3. Transactio Code (Instr. 8) | Disposed (Instr. 3, | (A) of (D 4 and (A) or |)) 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | 09/30/2013 | | | Code V $A(1)$ | Amount 3,918 (1) | (D) A | Price \$ 0 (1) | 3,918 | Ι | Family trust | | |

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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own 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 | | | | |
| Molineaux Susan C/O GERON CORPORATION 149 COMMONWEALTH DRIVE, SUITE 207 MENLO PARK, CA 94025 | 0 X | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Olivia Bloom for Susan M. Molineaux | 10/01/2013 | | | | | | | |
| **Signature of Reporting Person | Date | | | | | | | |

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 issued in lieu of cash payment for quarterly board of directors retainer fee. Number of shares issued based on close price on September 30, 2013 of \$3.35 per share.

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.