Edgar Filing: GERON CORP - Form 4

GERON COL	RP												
Form 4													
April 02, 201	4												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL				
	UNITEL) STATES				ND EXC D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287		
Check this box if no longer										Expires:	January 31, 2005		
subject to	STATE	MENT O	F CHAN	ANGES IN BENEFICIAL OWN					NERSHIP OF	Estimated			
				SECU.	SECURITIES					burden hours per			
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5			
obligation	⁸ Section 17								f 1935 or Sectio	n			
may conti <i>See</i> Instru	nue.		of the Inv	•		•	- ·						
1(b).	•												
(Print or Type R	esponses)												
				2. Issuer Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer				
DRIDDOR			Symbol GERON	CORP	IG	FRNI							
						-			(Check all applicable)				
				ate of Earliest Transaction nth/Day/Year)					XDirector10% Owner				
C/O GERON CORPORATION, 149 03/31/2				-					Officer (give title Other (specify				
	VEALTH DRIV	VE,							below)	below)			
SUITE 2070													
			4. If Amer	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check				
			Filed(Mon						Applicable Line) _X_ Form filed by One Reporting Person				
MENLO PA	RK, CA 94025	i							Form filed by Person				
(City)	(State)	(Zip)	Table	e I - Non-	De	rivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date 2A. Deemed								5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Yea	ar) Execution any	on Date, if	TransactionAcquired (A) or Code Disposed of (D)				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial			
× /		Day/Year)					Owned	Indirect (I)	Ownership				
									Following Reported	(Instr. 4)	(Instr. 4)		
							(A)		Transaction(s)				
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	03/31/2014			A <u>(1)</u>		6,579		\$0	6 570	T	Family		
Stock	03/31/2014			$A(\underline{\cdot})$		(1)	А	(1)	6,579	Ι	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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int 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

N S

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Othe			
BRADBURY DANIEL C/O GERON CORPORATION 149 COMMONWEALTH DRIVE, SUITE 207 MENLO PARK, CA 94025	70 X						
Signatures							
/s/ Olivia Bloom for Daniel M. Bradbury	04/02/2014						
** 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).
- Shares issued in lieu of cash payment for quarterly board of directors retainer fee. Number of shares issued based on close price on March (1) 31, 2014 of \$2.09 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.