Edgar Filing: Molineaux Susan - Form 4

Molineaux Su	isan										
Form 4											
January 02, 2	018										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	• UNITE	ED STATES					NGE (COMMISSION		3235-0287	
Check this	sbox		Was	hington,	D.C. 205	649			Number:	January 31,	
if no longe	ar .	EMENT O	E CHAN	CES IN I	DENIDET	CIAI		NEDSIIID OF	Expires:	2005	
subject to			г спан		GES IN BENEFICIAL OWNERSHIP SECURITIES				Estimated average		
Section 16 Form 4 or					UKITIES				burden hours per response 0.5		
Form 5		pursuant to	Section 16	5(a) of the	e Securiti	es Ez	chang	ge Act of 1934,	response	0.5	
obligation	⁸ Section	-						of 1935 or Section	n		
may contin See Instru	nue.		of the Inv	•	•	. .					
1(b).	cuon										
(Print or Type R	esponses)										
1 Nama and A	lduces of Donout	ing Danson *						5 Deletionship o	f Donostin a Dos	aan(a) to	
				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
interinterial b	ubuli		Symbol GERON		GERNI						
				GERON CORP [GERN]				(Check all applicable)			
(Last)	(First)	(Middle)		Earliest Tra	insaction			_X_ Director	100	0	
				h/Day/Year) 9/2017			X_ Director 10% Owner Officer (give title Other (specify				
	VEALTH DR		12/29/20)1 /				below)	below)		
SUITE 2070											
	(Street)		4 If Amer	ndment Dot	o Original			6 Individual or I	oint/Group Fili	ng(Chaok	
· · · · · · · · · · · · · · · · · · ·				ndment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
rned(monu									filed by One Reporting Person		
MENLO PA	RK, CA 9402	25						Form filed by I Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y	ear) Executi	on Date, if	Transactio	onAcquired	(A) c	r	Securities	Form: Direct	Indirect	
(Instr. 3)		any	Code Disposed of (D)				Beneficially	(D) or Indirect (I)	Beneficial		
(Month/Day/Year)			(Instr. 8) (Instr. 3, 4 and 5)				Owned Following	Ownership (Instr. 4)			
						(\mathbf{A})		Reported	(Instr. 4)	(115117-1)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	12/29/2017			A <u>(1)</u>	7,292	А	\$0	80,483	Ι	Family	
Stock				· · <u> </u>	(1)		(1)	00,100	-	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)

Edgar Filing: Molineaux Susan - Form 4

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	Amou Unde Secur	rlying	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						
1	Director	10% Owner	Officer	Other				
Molineaux Susan C/O GERON CORPORATION 149 COMMONWEALTH DRIVE, SUITE MENLO PARK, CA 94025	2070 X							
Signatures								
/s/ Olivia Bloom for Susan Molineaux	01/02/2018							
**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 December 29, 2017 of \$1.80 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.