FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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hours per response:	0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Novak Tibor Jay (Last) (First) (Mddle) C/O INTERNATIONAL STEM CELL CORPORATION 5950 PRIESTLY DRIVE (Street) CARLSBAD CA 92008					2. Issuer Name and Ticker or Trading Symbol International Stem Cell CORP [ISCO.OB]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					3. Date of Earliest Transaction (Month/Day/Year) 08/29/2014									Director Officer (give title below) Chief Financial Of			10% Owner Other (specify below)		
					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
													X	X Formfiled by One Reporting Person Formfiled by More than One Reporting Person					
(City)	(Sta	te) (Zi	p)																
		Table I -	Non	-Derivativ	e Sec	uriti	ies A	∖cqu	ired,	Disp	osed of,	or Be	eneficia	ally Owne	d				
Date (Mont			2. Transaction Date (Month/Day/Y	Exection (Day/Year) if any		eemed ution Date, th/Day/Year)		Transaction Disposed Of Code (Instr. and 5)		Acquired (A) or (D) (Instr. 3, 4		5. Amount of Securities Beneficially Owned		6. Ownersh Form: Dir (D) or	nip of rect Be Ov	7. Nature of Indirect Beneficial Ownershi (Instr. 4)			
								c	ode	v .	Amount	(A) or (D)	Price	Following Reported Transaction (Instr. 3 and	n(s)	Indirect (I) (Instr. 4)		(iiisu. 4)	
			08/29/201	4				P		10,000	A	\$0.1	10,000		D				
		Tab	le II	- Derivati (e.g., pu							oosed of convertil				ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, Transaction of		ative rities ired osed	Expiration Date (Month/Day/Year)			Amo Secu Unde Deriv Secu	le and unt of rities rlying rative rity 3 and	Derivative Security (Instr. 5) Ber Ow Foll Rep Trai		Number of cerivative securities eneficially wned ollowing sported ansaction(s) str. 4)		nip of II Ber Ow ct (Ins	Nature ndirect neficial nership tr. 4)			

Explanation of Responses:

/s/ Jay Novak

09/02/2014

** Signature of Reporting Person Dat

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

 $^{^{\}ast}$ 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).