FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number: 3235-0104							
Estimated average burden							
hours per response:	0.5						

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Name and Address of Reporting Person* Don Wright			2. Date of Eve Requiring State (Month/Day/Ye	ement	3. Issuer Name and Ticker or Trading Symbol International Stem Cell CORP [ISCO]						
(Last) 2595 JASON (Street) OCEANSIDE		(Mddle) 92056 (Zip)	03/01/2007	΄ [.	(Check	tionship of Reporting Pers all applicable) Director Officer (give title below)	son(s) to Issi 10% Ow Other (sp below)	ner	(Month 6. Indiv Applica	Amendment, Date of Original Filed th/Day/Year) dividual or Joint/Group Filing (Check cable Line) Formfiled by One Reporting Person Formfiled by More than One Reporting Person	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr. 4)	3. Owners Form: Dire or Indirec (Instr. 5)	ect (D) O	Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Title of Derivative Security (Instr. 4) Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. Conv. 4)			Convers	rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Date Expiration Exercisable Date			Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	
Stock Option			(1)	03/01/2017	7	Common Stock	50,000	2.76		D	

Explanation of Responses:

1. Excercisable in 50 equal monthly installments of 1,000 shares commencing April 1, 2007.

<u>/s/ DON A. WRIGHT</u> <u>07/20/2007</u>

** Signature of Reporting Person Date

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).