FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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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* Stephens Jennifer		2. Date of Ever Requiring State (Month/Day/Ye	ement	3. Issuer Name and Ticker or Trading Symbol International Stem Cell CORP [ISCO]								
(Last) 5950 PRIEST (Street) CARLSBAD (City)		(Mddle) 92008 (Zip)	08/25/2017		4. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owne X Officer (give title Other (spe below) Acting Chief Financial Officer		ner ecify	(Month/Day/Year) 6. Individual or Joint/Group Filing (Check				
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					ially Owned (Instr. 4)	3. Owners Form: Dire or Indirec (Instr. 5)	ect (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable ar Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. Cor 4)		Convers	sion cise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)			
Stock Option (Right to Buy))	(1)	08/16/2027	7	Common Stock	80,000	1.35	5	D		

Explanation of Responses:

1. Prior to becoming an officer of the company, the reporting person was awarded stock options. The option vest is 3/36th on initial vesting date (08/16/2017) and 1/36th for each additional full month of continuous service from the initial vesting date.

/s/ Jennifer Stephens 08/30/2017

** 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.

^{*} 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).