FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

3235-0287

OMB Number: Estimated average burden 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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for

the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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*     MAIER PAUL V						2. Issuer Name and Ticker or Trading Symbol International Stem Cell CORP [ ISCO.OB ]									S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				
(Last)	(Fi			3. Date of Earliest Transaction (Month/Day/Year) 06/17/2025										Officer below)	(give title	Other (s below)			
C/O INTERNATIONAL STEM CELL CORP. 9745 BUSINESSPARK AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	(Street) SAN DIEGO CA 92131													X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(St	ate)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
, (,				2. Transaction Date (Month/Day/Year)		ar)	2A Deemed Execution Date, if any (Month/Day/Year)		Transaction Di Code (Instr. 5)		Dispose	Securities Acquired (A) o posed Of (D) (Instr. 3, 4				ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	Price	,  т	Reported Fransact Instr. 3	tion(s)			(Instr. 4)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A Deemed Execution Da if any (Month/Day/Y	C	4. Transaction Code (Instr. 8)		Derivative		6. Date Exercisable ar Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported	Owner Form Direct or In (I) (In 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					ode	v			Date Exercisable		oiration te	Title	Amount or Number of Shares			Transaction (Instr. 4)	1(5)		
Stock Option (Right to Buy)	\$0.13	06/17/2025			A		30,000		(1)	06/	17/2035	Common Stock	30,000	\$	0.00	30,000		)	
Stock Option (Right to Buy)	\$0.13	06/17/2025			A		532,786		(2)	06/	17/2035	Common Stock	532,78	6 \$	0.00	532,786		)	

## **Explanation of Responses:**

- 1. The shares underlying such option shall vest on the earlier of (a) June 17, 2026, or (b) the date of the next annual meeting of the Issuer's stockholders occurring after the date of grant.
- 2. The shares underlying such option shall vest in equal quarterly increments through June 17, 2026, with the first increment vesting on September 17, 2025.

/s/ Russell Kern, Attorney-in-**Fact** 

06/19/2025

\*\* Signature of Reporting Person Date

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

- \* 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).

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.