FORM 4

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

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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

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*  Mulroy Michael H.					Ast	2. Issuer Name and Ticker or Trading Symbol     Asterias Biotherapeutics, Inc. [ AST ]      3. Date of Earliest Transaction (Month/Day/Year)									k all appli Directo	cable) or	ıg Pe	rson(s) to Is	wner	
(Last)	(Fi	rst) (	Middle	)		01/25/2018								X	Officer below)	(give title	Other (s below)		specify	
C/O ASTERIAS BIOTHERAPEUTICS, INC.															President and CEO					
6300 DUMBARTON CIRCLE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X Form filed by One Reporting Person					
FREMO	FREMONT CA 94555														Form filed by More than One Reporting Person					
(City)	(St	tate) (	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y						Execution Date,			3. Transact Code (In 8)			ities Acqued Of (D) (I		4 and Securi Benefi Owned		ies cially	Forn (D) c Indi	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) or (D) Pric		ce	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(111301 . 4)	
Common Stock 01/25/201						18		P		2,13	4 A	\$2	.343(1)	9,	),933		D			
		Т	able	II - Deriva (e.g., ן					juired, C s, optior						Owned					
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr 8)		Number		6. Date Exercisa Expiration Date (Month/Day/Year		•	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		rity S	Price f erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
									Date		xpiration		or Numb	er						
Stock					Code	V	(A)	(D)	Exercisabl	e D	ate	Title	of Sha	ares			$\dashv$			
Options (right to buy)	\$3.7								(2)	00	5/26/2027	Common Stock	800,	000		800,000		D		

## Explanation of Responses:

- 1. The shares were purchased in multiple trades at prices ranging from \$2.325 to \$2.35. The price reported above reflects the weighted average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected. The shares of common stock reported herein were purchased via a 10b5-1 plan established by the Reporting Person on August 16, 2017, under which the Reporting Person is dedicating approximately 25 percent of his monthly after-tax salary to the purchase of Asterias common stock.
- 2. Subject to Mr. Mulroy's continued employment with the Company, the stock options vest in equal monthly installments over 48 months commencing on July 31, 2017. The stock options are exercisable upon vesting.

<u>/s/ Michael H. Mulroy</u> <u>01/26/2018</u>

Date

\*\* Signature of Reporting Person

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

- $^{\star}$  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.