Harel Adrian Form 3 February 16, 2011 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB 3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> Harel Adrian | | | 2. Date of Event Requiring Statement (Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol BRAINSTORM CELL THERAPEUTICS INC [BCLI] | | | | | |
|---|-------------------------------------|------------|---|--|---|--|---------------------------|---|--|
| (Last) (Fir | rst) | (Middle) | 01/24/2011 | | 4. Relationsh Person(s) to | onship of Reporting a) to Issuer | | 5. If Amendment, Date Origina Filed(Month/Day/Year) | |
| C/O BRAINSTO THERAPENTIC EAST 59TH STR (Stra NEW YORK, N (City) (Sta | CS, INC. REET reet) NYÂ 10 | , 110 | | | (Check all applicable) Director10% Owner XOfficerOther (give title below) (specify below) Chief Operating Officer | | Owner ow) r | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | |
| (City) (Sta | ate) | (Zip) | ľ | l'able I - N | on-Deriva | tive Securiti | es Bei | neficially Owned | |
| 1.Title of Security (Instr. 4) | | | I | 2. Amount of Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nat Owne (Instr. | • | |
| Reminder: Report on a separate line for each class of securities benefici owned directly or indirectly. | | | ially | SEC 1473 (7-02 |) | | | | |
| | informa | tion conta | oond to the co ained in this fo nd unless the | rm are not | | | | | |

currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion or Exercise Price of | 5. Ownership Form of Derivative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|--|--------------------|--|------------------------|---|--|---|
| | Date Exercisable | Expiration Date | Title | Amount or Number of | | Security: Direct (D) | |

| Shares | or Indirect |
|--------|-------------|
| | (I) |
| | (Instr. 5) |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|-------------------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Harel Adrian C/O BRAINSTORM CELL THERAPENTICS, INC. 110 EAST 59TH STREET NEW YORK, NY 10022 | Â | Â | Chief Operating Officer | Â | | |
| Signatures | | | | | | |
| /s/ Thomas B. Rosedale (pursuant to power of attorney) | 02/16/20 |)11 | | | | |
| **Signature of Reporting Person | Date | | | | | |
| Explanation of Responses: | | | | | | |
| No geometrica and han efficially armed | | | | | | |

No securities are beneficially owned

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.