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* Kwiat Moria 0001549907			2. Issuer Name and Ticker or Trading Symbol PLURISTEM THERAPEUTICS	Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			INC [PSTI]	X Director	10% Owner				
(Last) (First) (Middle) 11 HAKFAR ST.		(Middle)		Officer (give title below)	Other (specify below)				
			3. Date of Earliest Transaction (Month/Day/Year) 12/14/2017	below)					
(Street) KIRYAT ONO	L3	55525	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing Applicable Line) X Form filed by One Repo Form filed by More than	rting Person				
(City)	(State)	(Zip)		Person	. 0				

Table I – Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.					5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial Ownership	
			Code	V	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock	12/14/2017 ⁽¹⁾		A		90,000	A	\$0	277,500	D		

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 Date, if any (Month/Day/Year)	4. Transa Code (8)		Secu Acqu (A) o	vative urities uired or osed)) r. 3,	6. Date Exerc Expiration Da (Month/Day/N	ate	Amou Secur Unde Deriv	rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. The shares vest as follows: 12.5% on the 6 month anniversary of the date of grant and the remaining shares vest in 14 equal installments every 3 months thereafter.

Remarks:

/s/ Moria Kwiat

12/14/2017

** 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.