Molineaux Susan

Form 3 September 28, 20	D12										
FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						M OMB A	OMB APPROVAL				
	•	Washington, D.C. 20549				OMB Number:	3235-0104				
	INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF						Expires:	January 31			
		17(a) of		tility Holdi	Securities ng Compa	Exchange Ac ny Act of 193 act of 1940		Estimated a burden hour response	urs per		
(Print or Type Respo	onses)										
Person * Statement Molineaux Susan (Month/Day			(Month/Day/Y			r Name and Ticker or Trading Symbol DN CORP [GERN]					
(Last) (F	ïrst) (Middle)	09/26/2012					Amendment, Date Original (Month/Day/Year)			
C/O GERON CORPORATION, 149 COMMONWEALTH DRIVE, SUITE 2070 (Street)				(Check all applicable) <u>X</u> _Director10% Owner <u>Officer</u> Other (give title below) (specify below) 6. I Fil) r ^{ow)} 6. Ir Filir	ndividual or Joint/Group ng(Check Applicable Line) _ Form filed by One Reporting			
MENLO PARK	CAÂ	94025					Perso				
(City) (St	tate)	(Zip)		Table I - N	Non-Deriva	ative Securiti	ies Benefi	s Beneficially Owned			
1.Title of Security (Instr. 4)				2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature o Ownership (Instr. 5)	f Indirect Benei	ficial		
No securities are	e benefici	ally own	ed.	0		D	Â				
Reminder: Report or owned directly or in		line for ea	ch class of secu	rities benefic	ially	SEC 1473 (7-02	2)				
	informat required	tion conta I to respo	oond to the c ined in this f nd unless the /B control nu	orm are not e form displ	1						

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

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

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			(Instr. 4)		Price of	Derivative
Dat Exe	e rrcisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address			Relationships				
F8	Director	10% Owner	Officer	Other			
Molineaux Susan C/O GERON CORPORATION 149 COMMONWEALTH DRIVE, SUITE MENLO PARK, CA 94025	E 2070	ÂX	Â	Â	Â		
Signatures							
/s/ Olivia Bloom for Susan Molineaux	09/28/20	012					
<u>**</u> Signature of Reporting Person	Date						
Explanation of Responses:							

Explanation of Responses: * 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.