

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 03/16/2023 04:28 PM  
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Goldstein Lawrence

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
California Institute of Regenerative Medicine  
Division, Board, Department, District, if applicable Your Position  
ICOC Board Member  
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

[X] State [ ] Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)  
[ ] Multi-County [ ] County of  
[ ] City of [ ] Other

3. Type of Statement (Check at least one box)

[X] Annual: The period covered is January 1, 2022, through December 31, 2022. [ ] Leaving Office: Date Left (Check one circle.)  
-or- The period covered is through December 31, 2022. [ ] The period covered is January 1, 2022, through the date of leaving office.  
[ ] Assuming Office: Date assumed -or- [ ] The period covered is through the date of leaving office.  
[ ] Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

Total number of pages including this cover page: 4

Schedules attached

[X] Schedule A-1 - Investments - schedule attached [X] Schedule C - Income, Loans, & Business Positions - schedule attached  
[ ] Schedule A-2 - Investments - schedule attached [ ] Schedule D - Income - Gifts - schedule attached  
[ ] Schedule B - Real Property - schedule attached [ ] Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- [ ] None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
P.O. Box 980790 West Sacramento CA 95798-0790  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 340-9114

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/16/2023 04:28 PM Signature Lawrence Goldstein  
(month, day, year) (File the originally signed paper statement with your filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

Lawrence Goldstein

▶ NAME OF BUSINESS ENTITY  
4M Therapeutics

GENERAL DESCRIPTION OF THIS BUSINESS  
Drug development for bipolar disease

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other 480 stock option shares  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
    /    /22          /    /22  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
4M Therapeutics

GENERAL DESCRIPTION OF THIS BUSINESS  
Drug development for bipolar disease

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \$50,000 in a SAFE  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
    /    /22          /    /22  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
CYTOKINETICS INC (CKI)

GENERAL DESCRIPTION OF THIS BUSINESS  
DEVELOPMENT OF DRUGS MODULATING MUSCLE STRUCTURE AND FUNCTION

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
    /    /22          /    /22  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
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▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
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 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
    /    /22          /    /22  
 ACQUIRED                  DISPOSED

Comments: \_\_\_\_\_



