

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Filed Date: 03/16/2024 10:18 AM
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)

- 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)

- Annual: The period covered is January 1, 2023, through December 31, 2023. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2023. The period covered is January 1, 2023, 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: 3

Schedules attached

- Schedule A-1 - Investments – schedule attached 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 03/16/2024 10:18 AM
(month, day, year)

Signature Lawrence Goldstein
(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: [X] \$2,000 - \$10,000
NATURE OF INVESTMENT: [X] Other 480 stock option shares
IF APPLICABLE, LIST DATE: ACQUIRED: / / 23, DISPOSED: / / 23

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: ACQUIRED: / / 23, DISPOSED: / / 23

NAME OF BUSINESS ENTITY: 4M Therapeutics
GENERAL DESCRIPTION OF THIS BUSINESS: Drug development for bipolar disease
FAIR MARKET VALUE: [X] \$10,001 - \$100,000
NATURE OF INVESTMENT: [X] Other \$50,000 invested in a SAFE
IF APPLICABLE, LIST DATE: ACQUIRED: / / 23, DISPOSED: / / 23

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: ACQUIRED: / / 23, DISPOSED: / / 23

NAME OF BUSINESS ENTITY: CYTOKINETICS INC (CKI)
GENERAL DESCRIPTION OF THIS BUSINESS: DEVELOPMENT OF DRUGS MODULATING MUSCLE STRUCTURE AND FUNCTION
FAIR MARKET VALUE: [X] \$100,001 - \$1,000,000
NATURE OF INVESTMENT: [X] Stock
IF APPLICABLE, LIST DATE: ACQUIRED: / / 23, DISPOSED: / / 23

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: ACQUIRED: / / 23, DISPOSED: / / 23

Comments:

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

▶ 1. INCOME RECEIVED ▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
4M Therapeutics

ADDRESS (*Business Address Acceptable*)
5 Seminole road, Skillman New Jersey, 08558

BUSINESS ACTIVITY, IF ANY, OF SOURCE
drug development for bipolar disease

YOUR BUSINESS POSITION
consultant/SAB member/BOD member

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

Sale of _____
 (*Real property, car, boat, etc.*)

Loan repayment

Commission or Rental Income, *list each source of \$10,000 or more*

_____ *(Describe)*

Other grant of 480 shares of stock options for consulting/SAB membership/Board of Directors
_____ *(Describe)*

NAME OF SOURCE OF INCOME
CYTOKINETICS INC (CYTK)

ADDRESS (*Business Address Acceptable*)
SOUTH SAN FRANCISCO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
DEVELOPMENT OF DRUGS MODULATING MUSCLE STRUCTURE AND FUNCTION

YOUR BUSINESS POSITION
SCIENTIFIC ADVISORY BOARD MEMBER

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

Sale of _____
 (*Real property, car, boat, etc.*)

Loan repayment

Commission or Rental Income, *list each source of \$10,000 or more*

_____ *(Describe)*

Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (*Business Address Acceptable*) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address

_____ *City*

Guarantor _____

Other _____ *(Describe)*

Comments: 4M granted 480 shares of stock options