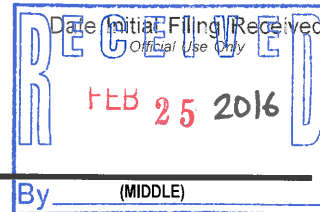


**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST) Melmed (FIRST) Shlomo By _____ (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CA Institute for Regenerative Medicine CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE

Division, Board, Department, District, if applicable

Your Position

ICOC/Governing Board

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
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is _____, through December 31, 2015.
- Assuming Office:** Date assumed _____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3 4

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – 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)
9437 Cresta Drive Los Angeles CA 90035

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(310) 839-1433 melmed@csmc.edu

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 02/25/2016
 (month, day, year)

Signature _____
 (File the originally signed statement with your filing official.)

SCHEDULE C
Income, Loans, & Business
Positions

(Other than Gifts and Travel Payments)

Name

SHLOMO MELMED

<BLUE> is a required field

* Select from drop down list

**You are not required to report loans from commercial lending institutions, 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:

1. Income Received				2. Loans Received or Outstanding						
NAME AND ADDRESS OF SOURCE	BUSINESS ACTIVITY, IF ANY	YOUR BUSINESS POSITION	GROSS INCOME RECEIVED*	CONSIDERATION FOR WHICH INCOME WAS RECEIVED* (if "other," describe)	NAME AND ADDRESS OF LENDER** (Business Address Acceptable) AND GUARANTOR, IF ANY	BUSINESS ACTIVITY, IF ANY	HIGHEST BALANCE*	INTEREST RATE (%)	TERM (Mos/Yrs)	SECURITY FOR LOAN REAL PROPERTY ADDRESS/OTHER INFORMATION*
CEDARS-SINAI MEDICAL CENTER 8700 Beverly Blvd Los Angeles, CA 90048	HEALTH SYSTEM	EXECUTIVE VP, ACADEMIC AFFAIRS AND DEAN OF THE MEDICAL FACULTY	Over \$100,000	SALARY						
UNIVERSITY OF SOUTHERN CALIFORNIA 3551 Trousdale Pkwy Los Angeles, CA 90089	UNIVERSITY	TEACHER	\$1,001-\$10,000	SALARY						
ISIS PHARMA 2855 Gazelle Ct Carlsbad, CA 92010	PHARMA	CONSULTANT	\$10,001-\$100,000	CONSULTING						
NOVARTIS One Health Plaza East Hanover, NJ 07936	PHARMA	CONSULTANT	\$1,001-\$10,000	CONSULTING						
CHIASIMA 60 Wells Ave Newton, MA 02459	BIOTECH	CONSULTANT	\$1,001-\$10,000	CONSULTING						

SCHEDULE C
Income, Loans, & Business
Positions

(Other than Gifts and Travel Payments)

Name
 SHLOMO MELMED

<BLUE> is a required field

* Select from drop down list

**You are not required to report loans from commercial lending institutions, 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:

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IPSEN 106 Allen Rd Basking Ridge, NJ 07920	PHARMA	CONSULTANT	\$1,001- \$10,000	CONSULTING						
STRONGBRIDGE 900 Northbrook Dr Trevose, PA 19053	BIOPHARMA	CONSULTANT	\$1,001- \$10,000	CONSULTING						