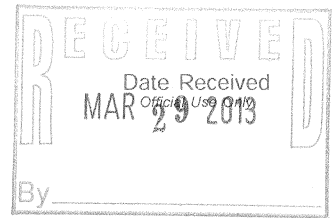


**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Trounson Alan

1. Office, Agency, or Court

Agency Name
 California Institute for Regenerative Medicine
 Division, Board, Department, District, if applicable
 Your Position
 President

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

State 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, 2012, through December 31, 2012.
 -or-
 The period covered is ____/____/____, through December 31, 2012.
 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, 2012, through the date of leaving office.
 The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None." **► Total number of pages including this cover page: _____**

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)
 210 king st San Francisco CA 94107

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
 (415) 396-9105 atrounson@cirm.ca.gov

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 3-29-13 Signature [Signature]
 (month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

<BLUE> is a required field

NAME OF BUSINESS ENTITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	FAIR MARKET VALUE (Select from drop down list)	NATURE OF INVESTMENT (Select from drop down list. If other, describe)	IF APPLICABLE, LIST DATE (mm/dd/2012)	
				ACQUIRED	DISPOSED
Sydney IVF Pty/Ltd	Intertility Clinical Services	\$100,001 - \$1,000,000	Stock		
Santos Pty/Ltd	Mining	\$10,001 - \$100,000	Stock		
Maccine Pie/Ltd (Singapore)	Biopharma Testing Services	\$100,001 - \$1,000,000	Stock		
Apollo Life Services	Protein Production	\$10,001 - \$100,000	Stock		
Commonwealth Bank of Australia	Bank	\$10,001 - \$100,000	Stock		
Telstra Australia	Telecommunications	\$10,001 - \$100,000	Stock		
HSBC Pty	Investments	\$10,001 - \$100,000	Stock		
IOOF	Investments	\$10,001 - \$100,000	Stock		
MLC Pty	Investments	\$10,001 - \$100,000	Stock		
Zirich Pty	Investments	\$10,001 - \$100,000	Stock		
Tower Pty	Investments	\$2,000 - \$10,000	Stock		
Brambles Pty	Investments	\$10,001 - \$100,000	Stock		
Bankers Trust Pty	Investments	\$10,001 - \$100,000	Stock		
Asteron Pty	Investments	\$2,000 - \$10,000	Stock		
Australian Unity	Investments	\$10,001 - \$100,000	Stock		
Challenger Pty	Investments	\$2,000 - \$10,000	Stock		
Colonial Pty	Investments	\$10,001 - \$100,000	Stock		

Name

Name

SCHEDULE E
Income - Gifts
Travel Payments, Advances,
and Reimbursements

<BLUE> is a required field

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

NAME AND ADDRESS OF SOURCE (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3)	DATE(S) (mm/dd/yy) (if gift)	AMOUNT	TYPE OF PAYMENT (Gift or Income)	MADE A SPEECH/ PARTICIPATED IN A PANEL	DESCRIPTION
Select Biosciences: 5065 Shalimar Circle Fremont, CA 94555	Conference Organizer	x	2/11/12-2/3/12	\$300- 2 nights hotel	Gift	YES	Made a Speech/Participated in a panel
Society of Obstetricians and Gynecologists of Toronto, St. Michael's Hospital, 61 Queen Street East Toronto, Ontario M5C 2T2, Canada	Medical society	x	5/8/12-5/9/12	\$450- 1 night hotel, food, transportation	Gift	Yes	Made a Speech/Participated in a panel
Qatar Foundation: P.O. Box 5825 Doha, Qatar	Philanthropic	x	2/25/12-3/1/12	\$14,000- Airfare, 4 Gift nights hotel, transportation, food	Gift	YES	Made a Speech/Participated in a panel
International Society for Stem Cell Research, 5215 Old Orchard Road, Suite 270, Skokie, IL 60077 Inspire2Live: http://inspire2live.org/contact info/	Scientific research	x	10/3/12-10/7/12	\$1500- Flight, 4 nights hotel, food	Gift	YES	Made a Speech/Participated in a panel
American Society for Reproductive Medicine, 1209 Montgomery Highway Birmingham, Alabama 35216-2809	Medical society	x	11/14/12	\$400- 1 night hotel, food	Gift	YES	Made a Speech/Participated in a panel
Qatar Foundation: P.O. Box 5825 Doha, Qatar	Philanthropic	x	10/20/12-10/24/12	\$1577- 5 nights hotel, transportation, food	Gift	YES	Made a Speech/Participated in a panel
American Society for Hematology, 2021 L Street NW, Suite 900, Washington, DC	Medical society	x	11/19/12-11/21/12	\$10,000- Airfare, 2 Gift nights hotel, transportation, food	Gift	YES	Made a Speech/Participated in a panel
		x	12/9/12-12/10/12	\$1000- Flight and 1 Gift night hotel	Gift	YES	Made a Speech/Participated in a panel