St.Clare Christine

Form 3

February 25, 2	2013									
FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						MISSION	OMB APPROVAL			
	Washington, D.C. 20549						OMB Number:	3235-0104		
	I	NITIAL S	TATEMENT OF BEN		OWNERSH	IP OF	Expires:	January 31		
		n 17(a) of	SECURI t to Section 16(a) of the the Public Utility Holdi 0(h) of the Investment O	Securities ing Compare	ny Act of 1935		Estimated a burden hou response	irs per		
(Print or Type Re	esponses)									
Person * States St.Clare Christine (Mon			2. Date of Event Requiring Statement (Month/Day/Year) 02/21/2013	Fibrocell	Issuer Name and Ticker or Trading Sym brocell Science, Inc. [FCSC] Relationship of Reporting 5. If An			nbol Amendment, Date Original		
								d(Month/Day/Year)		
C/O FIBROC INC., 405 E BLVD.					ek all applicable)	_				
	(Street)			X_ Direct Office (give title bel	r Other	6. Ind ^{w)} Filing	ividual or Joir (Check Applica orm filed by On	ble Line)		
EXTON, PA	AÂ 19341					Person Fo				
(City)	(State)	(Zip)	Table I - I	Non-Deriva	ative Securiti	es Benefici	ally Owned	1		
1.Title of Securi (Instr. 4)	ty		2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership (Instr. 5)	Indirect Benef	ĩcial		
Reminder: Report owned directly o	-	te line for ea	ach class of securities benefic	ially	SEC 1473 (7-02))				
	inform require	ation conta ed to respo	pond to the collection of ained in this form are no ond unless the form disp MB control number.	t						
Ta	able II - Deri	vative Secu	rities Beneficially Owned (a	<i>e.g.</i> , puts, call	ls, warrants, opt	ions, convert	ible securities	s)		

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

Shares

or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name /	Relationships					
		Director	10% Owner	Officer	Other	
St.Clare Christine C/O FIBROCELL SCIEN 405 EAGLEVIEW BLVD EXTON, PA 19341		ÂX	Â	Â	Â	
Signatures						
Christine T. St.Clare	02/25/2013					
**Signature of Reporting Person	Date					

Explanation of Responses:

No securities are beneficially owned

* 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.