

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Access Industries Holdings LLC</u> (Last) (First) (Middle) 40 WEST 57TH ST, 28TH FL (Street) NEW YORK NY 10019 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/01/2022	3. Issuer Name and Ticker or Trading Symbol <u>Gamida Cell Ltd. [GMDA]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 01/11/2022
		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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 Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person* <u>Access Industries Holdings LLC</u> (Last) (First) (Middle) 40 WEST 57TH ST, 28TH FL (Street) NEW YORK NY 10019 (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>Clal Biotechnology Industries Ltd.</u> (Last) (First) (Middle) 3 AZRIELI CENTER TRIANGLE TOWER, 45TH FLOOR, 132 MENACHEM BEGIN ST. (Street) TEL AVIV L3 6702301 (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>Bio Medical Investment (1997) Ltd.</u>

(Last) (First) (Middle)
3 AZRIELI CENTER TRIANGLE TOWER,
45TH FLOOR, 132 MENACHEM BEGIN ST.

(Street)
TEL AVIV L3 6702301

(City) (State) (Zip)

1. Name and Address of Reporting Person*
[ACCESS INDUSTRIES, LLC](#)

(Last) (First) (Middle)
40 WEST 57TH ST, 28TH FL

(Street)
NEW YORK NY 10019

(City) (State) (Zip)

1. Name and Address of Reporting Person*
[ACCESS INDUSTRIES
MANAGEMENT, LLC](#)

(Last) (First) (Middle)
40 WEST 57TH ST, 28TH FL

(Street)
NEW YORK NY 10019

(City) (State) (Zip)

1. Name and Address of Reporting Person*
[Blavatnik Len](#)

(Last) (First) (Middle)
40 WEST 57TH ST, 28TH FL

(Street)
NEW YORK NY 10019

(City) (State) (Zip)

1. Name and Address of Reporting Person*
[AI Gamida Holdings LLC](#)

(Last) (First) (Middle)
40 WEST 57TH ST, 28TH FL

(Street)
NEW YORK NY 10019

(City) (State) (Zip)

Explanation of Responses:

Remarks:

This amendment is being filed to add Bio Medical Investment (1997) Ltd. as a reporting filer to the original Form 3 filed on January 11, 2022.
No securities are beneficially owned.

/s/ Alejandro Moreno for
Access Industries 01/13/2022
Holdings LLC
/s/ Ofer Gonen (CEO) and 01/13/2022
Assaf Segal (CFO) for

Clal Biotechnology
Industries Ltd.

/s/ Ofer Gonen (Director)
and Assaf Segal (Director)
for Bio Medical
Investment (1997) Ltd. 01/13/2022

/s/ Alejandro Moreno for
Access Industries, LLC 01/13/2022

/s/ Alejandro Moreno for
Access Industries
Management, LLC 01/13/2022

/s/ Alejandro Moreno, as
Attorney-in-Fact for Mr.
Blavatnik 01/13/2022

/s/ Alejandro Moreno for
AI Gamida Holdings LLC 01/13/2022

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.