FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APF	PROVAL						
OMB Number: 3235-01							
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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

Orlando Daniel			2. Date of Even Requiring State Month/Day/Yea 12/14/2012	ment	3. Issuer Name and Ticker or Trading Symbol AASTROM BIOSCIENCES INC [ASTM]						
(Last) (First) (Middle) C/O AASTROM BIOSCIENCES, INC.				Relationship of Reporting Perso (Check all applicable) Director		10% Owne	r (Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)			
P.O. BOX 376 (Street) ANN ARBOR MI 48106					X Officer (give title below) Interim CE(Other (special below)	6. li App	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	- la la la Alaa		in Committee Done	£: - : - II-	. 0				
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					. Amount of Securities Beneficially Owned (Instr.	4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisa Expiration Date (Month/Day/Year			ate	nd 3. Title and Amount of Securi Underlying Derivative Securi				cise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)		
Stock Option (right to buy)		(1)	10/23/2022	Common Stoc	k	500,000	1.47	D		

Explanation of Responses:

1. These options were granted on October 23, 2012 with 25% vesting on the first anniversary of the date of grant and 6.25% vesting each quarter thereafter.

/s/ Daniel R. Orlando

12/14/2012

** 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.