FORM 4	4
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Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)										
1. Name and Address of Reporting RUBIN PAUL D	2. Issuer Name a XOMA Corp [rading Syn	mbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) C/O XOMA CORPORATIO SEVENTH STREET	3. Date of Earliest 08/19/2013	t Transactio	on (N	1onth/Day	/Year)	X Officer (give title below) Other (specify below) Sr. VP Clinical Dev. & CMO				
(Street) BERKELEY, CA 94710	4. If Amendment,	Date Origi	inal I	Filed(Month	/Day/Ye	6. 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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	tion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership of Form: B	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price		or Indirect (Ins (I) (Instr. 4)	(Instr. 4)
Common Shares	08/19/2013		S ⁽¹⁾		6,000	D	\$ 3.7365 (2)	14,329	D	
Common Shares								4,422	Ι	by 401(k)

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

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 control number. SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	ion	Number		and Expirati	on Date	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of	*		/Year)	Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Securities (Instr. 5)		Beneficially	Derivative	Ownership	
	Derivative					Secur	Securities (1		(Instr. 3 and			Owned	Security:	(Instr. 4)	
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) or							Reported	or Indirect	
						Disposed							Transaction(s)	(I)	
						of (D)							(Instr. 4)	(Instr. 4)	
						(Instr. 3,									
						4, and 5)									
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								LACICISADIC	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
RUBIN PAUL D C/O XOMA CORPORATION 2910 SEVENTH STREET BERKELEY, CA 94710			Sr. VP Clinical Dev. & CMO						

Signatures

By: Russell Wood For: Paul D. Rubin 08/19/2013

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(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).
- (1) This transaction was made pursuant to Rule 10b5-1 trading plan adopted by the reporting person on 3/20/2013.
- This transaction was executed in multiple trades ranging at prices from \$3.62 to \$3.90. The price reported reflects the weighted average sale price. The reporting person (2) hereby undertakes to provide upon request to the SEC staff, the Issuer or a security holder of the Issuer full information regarding the number of shares and prices at which the transactions were effected.

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.