## FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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

#### 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 Typ	e Responses	)																
1. Name and Address of Reporting Person *- RUBIN PAUL D				2. Issuer Name and Ticker or Trading Symbol XOMA Corp [XOMA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) C/O XOMA CORPORATION, 2910 SEVENTH STREET				3. Date of Earliest Transaction (Month/Day/Year) 02/27/2014							X Officer (give title below) Other (specify below)  Sr. VP Clinical Dev. & CMO							
				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
	EY, CA 9													on med by r	viole than One	Reporting Persor		
(City	r)	(State)	(Zip)			T	able I	- Non-	Deriv	ative S	ecuritie	s Acqui	ired, l	Disposed	of, or Bene	ficially Own	ed	
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		e, if (	(Instr. 8)		(A	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership of Form:	Beneficial		
				(Month/	Day/ Y	ear)	Cod	e V	V A	mount	(A) or (D)	Price	(1)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common	Shares		02/27/2014				A		68 (1	8,793	A	\$ 0	72,0	)21			D	
Common	Shares												5,31	.0			I	by 401(k)
Reminder: I	Report on a so	eparate line for each	Table II -		ve Sec	urities	s Acqı	Per in t dis	rsons this f plays	orm are s a curi	e not re rently v	equired valid O ficially	d to r	espond control n	unless the	ion contair form	ned SEC	1474 (9-02)
1. Title of	2.	3. Transaction	3A. Deemed	4.		Num				rcisable			e and	Amount	8. Price of	9. Number	of 10.	11. Natur
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Code Secur (Instr. 8) Acqu or Dis of (D		ecuriti cquire Disper f (D) nstr. 3	ired (A) sposed )			on Date Day/Year)		of Underlying Securities (Instr. 3 and 4)		J	Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s)	Security Direct ( or Indir (s) (I)	Beneficial Ownersh (Instr. 4)  Beneficial Ownersh (Instr. 4)
				Code	v	(A)	(D)	Date Exerc	isable	Expira Date	tion	Title		Amount or Number of Shares		(Instr. 4)	(Instr. 4	•)
Non- Qualified Share Option (right to buy)	\$ 8.91	02/27/2014		A	9	5,000	)	Ú	<u>2)</u>	02/27	7/2024	Com: Sha		95,000	\$ 8.91	95,000	D	

#### **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 J. Wood For: Paul D. Rubin	03/03/2014		
**Signature of Reporting Person	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) These shares were acquired pursuant to a grant of restricted stock units on February 27, 2014 under the Amended and Restated XOMA Corporation 2010 Long Term Incentive and Stock Award Plan and are scheduled to vest in substantially equal installments on each of March 18, 2015, March 18, 2016, and March 18, 2017.
- (2) Exercisable with respect to 1/48th of options in monthly increments beginning March 27, 2014 and ending February 27, 2018.

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.