## FORM 4

(Print or Type Responses)

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

OMB APPROVAL
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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).

#### 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

Name and Address of Reporting Person SCANNON PATRICK J MD PHD			2. Issuer Name and Ticker or Trading Symbol XOMA Corp [XOMA]						٥	Relationship of Reporting Person(s) to Issuer     (Check all applicable)								
C/O XOM STREET		(First) DRATION, 2910	CETTENTETT	3. Date of 03/18/2			Transac	tion (Mor	th/Day	/Yea	ır)		X Of	fficer (give t		oth c. VP & CSC	er (specify be	ow)
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person								
(City)	EY, CA 94	(State)	(Zip)				Tabl	a I - Non-	Dorive	tivo	Securities	Acquir	rad Di	enosad a	f or Ronofi	cially Owne	d	
1.Title of Security 2. Transacti (Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Executi	Deemed cution Date, i		3. Tra	ansaction	action 4. S (A)		Securities Acquired ) or Disposed of (D) str. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			neficially		7. Nature of Indirect Beneficial	
		(World Buy Four	(Month/Day/Y		/Year)					(A) or			Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common	Shares		03/18/2014(1)				N	Л	9,50	00	A \$	0 (2)	94,96	5			D	
Common Shares		03/18/2014				S	S	3,41	19	D \$ 6		91,540	6			D		
Common	Shares											2	22,079	9			I	by 401(k)
Common Shares										7	750				I	by Daughter		
Common	Shares											4	4,053				I	by Trust
Reminder: R	eport on a se	parate line for each o		- Deriva	tive S	Securi	ities Ac	Per in t a co	sons v his for urrentl	m ai y va d of,		quired to control	to res <sub>i</sub> I numi	pond un		n containe orm displa		C 1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	on Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code 5. Nur of Deriva		mber 6. Date Expirative ities ired r ssed ) . 3, 4,		xercisable and			7. Titl of Und Securi	7. Title and Am of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owne Form Derive Securi Direct or Ind	of Benefici Ownersl ty: (Instr. 4)	
								Date		Evi	piration			Amount				
				Code	V	(A)		Exercisal	ole	Da		Title		Number of Shares				

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
SCANNON PATRICK J MD PHD C/O XOMA CORPORATION 2910 SEVENTH STREET BERKELEY, CA 94710	X		Exec. VP & CSO			

## **Signatures**

By: Russell J. Wood For: Patrick J. Scannon, M.D., Ph.D.	03/20/2014

**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 restricted stock units were granted on February 28, 2013 and are scheduled to vest in substantially equal installments on each of March 18, 2014, March 18, 2015, and March 18, 2016.
- (2) Each restricted stock unit represents the right to receive, at settlement, one share of common stock. This nondiscretionary transaction represents the settlement of vested restricted stock units in shares of common stock.
- (3) Shares sold on the open market to satisfy the minimum amount of taxes required to be withheld in connection with the vesting of the shares in a non-discretionary transaction pursuant to the reporting person's agreement under the Company's equity incentive plan.

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.