## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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

(Print or Ty	pe Response	s)																
1. Name and Address of Reporting Person * RUBIN PAUL D					2. Issuer Name and Ticker or Trading Symbol XOMA Corp [XOMA]						5	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) 06/16/2014							X Officer (give title below) Other (specify below) Sr. VP Clinical Dev. & CMO							
(Street) BERKELEY, CA 94710			4. If	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		(State)	(Zip)			T	able I	- Nor	ı-De	rivative	Securit	ties Acq	quir	ed, Dispo	osed of, or I	Beneficially	Owned	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	Exect any	Deemed ution Date		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)		Ownership Form:	Beneficial			
			(Mon	(Month/Day/Year)		Со	de	v	Amount	(A) or (D)	Price	e	(Instr. 3 a	or Inc (I)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Commor	Shares		06/16/2014(1)				S	\$		11,580	D	\$ 4.541 (2)	19	72,021			D	
Commor	Shares													5,310			I	by 401(k)
Reminder:	Report on a s	separate line i	for each class of sec	- Deriv	rative Sec	urit	ies Ac	equire	Per con the	sons whatained in form dis	no responding this splays	form a a curi Benefici	are i rent	not requ tly valid		ormation spond unle rol numbe	ss	1474 (9-02)
1. Title of	l <sub>a</sub>	2 Tuomas ati	an 24 Daama		puts, calls	s, w		ts, op						la and	Q Duina of	O. Niverskog	of 10.	11. Natu
	Conversion or Exercise Price of Derivative Security	se (Month/Day/Year) any (Month/Day/		Date, if	te, if Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		and Expiration Date (Month/Day/Year)			e Ai Ui Se (Ii	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	of Indirect Beneficia Ownersh (Instr. 4)
							4, and	15)										

#### **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	06/18/2014

**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) This transaction was made pursuant to Rule 10b5-1 trading plan adopted by the reporting person on May 13, 2014.
  - This transaction was executed in multiple trades ranging at prices from \$4.40 to \$4.68. The price reported reflects the weighted average sale price. The reporting person
- (2) hereby undertakes to provide upon request to the SEC staff, the Company or a security holder of the Company 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.