FORM 5

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

OMB APPR	OVAL
OMB Number:	3235-0362
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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). Form 3 Holdings Reported

Form 4 Transactions

Reported

ANNUAL 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

1. Name and Address of Reporting P SCANNON PATRICK J MD		2. Issuer Name at XOMA Corp		ading Symbo	ol		Relationship of Reporting Pers (Check all appli		er
(Last) (First)	(Middle)	3. Statement for la (Month/Day/Yea		ear Ended			X_ Officer (give title below) Exec. VP & 0	Other (specify	below)
C/O XOMA CORPORATION SEVENTH STREET	N, 2910	12/31/2014							
(Street)		4. If Amendment	, Date Original	Filed(Month/D	Day/Year	6.	Individual or Joint/Group Repo (check applicable		
BERKELEY, CA 94710						_2	K_Form Filed by One Reporting Person Form Filed by More than One Reportin	g Person	
(City) (State)	(Zip)	Т	able I - Non-Do	erivative Se	curitie	s Acquire	ed, Disposed of, or Beneficially	Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securitie or Disposed (Instr. 3, 4)	d of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Shares	12/31/2014(1)		J	3,001.00	A	\$ 3.8315	25,080	I	by 401(k)
Common Shares							76,346	D	
Common Shares							750	I	by Daughter
Common Shares							4,053	I	by Trust

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 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of			3A. Deemed	4.	5.		6. Date Exer		7. Tit			9. Number		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numl	oer	and Expirati	on Date	Amou	unt of	Derivative	of	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secur	rities	(Instr. 5)	Securities	Derivative	Ownership
	Derivative				Secur	ities			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)
	Security				Acqu	ired			4)			Owned at	Direct (D)	
					(A) o	r						End of	or Indirect	
					Dispo	sed						Issuer's	(I)	
					of (D)						Fiscal Year	(Instr. 4)	
					(Instr	. 3,						(Instr. 4)		
					4, and	15)								
										Amount				
							D.	E . '.'		or				
								Expiration	Title	Number				
							Exercisable	Date		of				
					(A)	(D)				Shares				

Reporting Owners

		Re	lationships	
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 Scannon, M.D., Ph.D.	02/17/2015	5
**Signature of Reporting Person	Date	
	l	

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) All shares were acquired during the 2014 fiscal year under the XOMA Corporation Deferred Savings Plan. All shares were acquired in a transaction exempt from Section 16(b).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.