FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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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 Typ	e Responses)																
1. Name and Address of Reporting Person* Varian John				2. Issuer Name and Ticker or Trading Symbol XOMA Corp [XOMA]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director						
(Last) (First) (Middle) C/O XOMA CORPORATION, 2910 SEVENTH STREET				3. Date of Earliest Transaction (Month/Day/Year) 03/16/2015									X Officer (give title below) Other (specify below) CEO					
(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 Person Form filed by More than One Reporting Person							
BERKEL (City	EY, CA 94		(7:)													.,		
(City	') 	(State)	(Zip)				Table I -	Non	-Deriva	tive S	ecurities	Acquir	ed, Dis	sposed o	f, or Benefi	cially Owne	d	
1.Title of Security 2. Transaction Date (Month/Day/Year)				(Instr. 8)	4. Securities Acqu Disposed of (D) (Instr. 3, 4 and 5)		(D)	C		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership Form:	Beneficial				
				(Month/	Day/	Y ear)	Code	V	Amo	unt	(A) or (D)	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common	Shares		03/16/2015(1)				M		10,00	0.00	A \$	1.24	570,384			D		
Common	Shares		03/16/2015(1)				S		10,00	0.00	_		560,384		D			
Common	Shares												18,538		I	by 401(k)		
Reminder: F	Report on a se	enarate line for each	class of securities b	eneficial	lv ov	vned (directly or in	direc	tlv.									
	·P·				,			Per in t	rsons v	m are		quired t	o resp	ond ur		n containe orm displa		1474 (9-02)
			Table II				rities Acqui warrants, o						wned					
1. Title of Derivative Security (Instr. 3) 2. Conversi or Exerc Price of Derivativ Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Deriv Code Secur (Instr. 8) Acqui Dispo			Expiration Date of U (Month/Day/Year) Sect		of Und Securit	Fitle and Amount Underlying curities str. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported	Owners Form o Derivat Securit Direct (or India	Beneficial Ownership (Instr. 4)			
				Code	V	(A)	(D)	Date	e rcisable		ration	Title	o N o	Amount or Number of Shares		Transaction (Instr. 4)	(s) (I) (Instr. 4)
Incentive Share Option (right to buy)	\$ 1.24	03/16/2015		М			10,000.00		(3)	01/0	14/2022	Comr Shar	- 1	10,000	\$ 1.24	110,392	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Varian John C/O XOMA CORPORATION 2910 SEVENTH STREET BERKELEY, CA 94710	X		CEO				

Signatures

By: Russell J. Wood For: John Varian	03/17/2015
**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 a Rule 10b5-1 trading plan adopted by the reporting person on November 12, 2014.
- (2) This transaction was executed in multiple trades ranging at prices from \$3.63 to \$3.79. The price reported reflects the weighted average sale price. The reporting person 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.
- (3) Incentive Stock Option exercisable in conjunction with matching Non-Qualified Stock Option as to forty-eight (48) equal and consecutive monthly installments beginning one month after the date of grant.

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.