FORM 5

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

OMB APPF	ROVAL
OMB Number:	3235-0362
Estimated averag	e 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). 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 Re SCANNON PATRICE			2. Issuer Name an XOMA Corp [ding Symbo	ıl	5	i. Relationship of Reporting Pers (Check all apple X Director		er		
(Last) (I	ANNON PATRICK J MD PHD (Last) (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015 (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) 5. Amount of Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (City) (State) (2ip) Table I - Non-Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (Month/Day/Year) (Month/Day/Year) (Instr. 3 and 4) (Instr. 3) (Check all applicable) 10% Owner (Check applicable) 10% Owner (Div Source) 10% Owner (Div Source) 10% Owner (Instr. 3) 10% Owner (Instr. 4) 10%											
	RATION	, 2910		,								
	Street)		4. If Amendment,	Date Original F	Filed(Month/Da	ay/Year)	6					
BERKELEY, CA 947	10						-		ng Person			
(City) (S	State)	(Zip)	Ta	ible I - Non-De	rivative Sec	urities	Acquir	ed, Disposed of, or Beneficially	Owned			
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	Execution Date, if any	Code (Instr. 8)	(A) or Disp (Instr. 3, 4	(A) or	f (D)	Beneficially Owned at end of Issuer's Fiscal Year	Ownership Form: Direct (D) or Indirect (I)	Beneficial Ownership		
Common Shares		12/31/2015		J ⁽¹⁾	8,721.00	A	\$ 1.376	33,801	I	by 401(k)		
Common Shares								94,227	D			
Common Shares								750	Ι	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.

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

1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numl	er	and Expiration	on Date	Amou	ınt 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							End of	or Indirect	
					Dispo								(I)	
					of (D))						Fiscal Year	(Instr. 4)	
					(Instr							(Instr. 4)		
					4, and	15)								
										Amount				
							Data	Evenimetica		or				
							Date Exercisable	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, MD, PhD	02/16/2016	6											
**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 2015 fiscal year under the XOMA Corporation Deferred Savings Plan. All shares were acquired in a transaction exempt from Section 16b-3.

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.