# FORM 5

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

OMB APPR	ROVAL
OMB Number:	3235-0362
Estimated average	e burden
hours per respons	1 0

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 Po BURNS THOMAS M.	2. Issuer Name and Ticker or Trading Symbol XOMA Corp [XOMA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)					X Officer (give title below) Other (specify below)  VP, Finance & Chief Financial			
C/O XOMA CORPORATION SEVENTH STREET	12/31/2015									
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)				
BERKELEY, CA 94710						_X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person				
(City) (State)	(Zip)	Ta	ble I - Non-De	rivative Sec	urities	Acquir	ed, Disposed of, or Beneficially	Owned		
1.Title of Security (Instr. 3)	(Month/Day/Year)		Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Issuer's Fiscal Year Form:		7. Nature of Indirect Beneficial	
		(Month/Day/Year)		Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Shares	12/31/2015		J <u>(1)</u>	6,541.00	A	\$ 1.376	13,488		by 401(k)	
Common Shares							93,760	D		

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	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 Expirati	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	Ì	ĺ	Secur	rities	(Instr. 5)	Securities	Derivative	Ownership	
, í	Derivative		, ,	, í	Secur	ities			(Instr	. 3 and	ì	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)	Ì		
					4, and	15)						, ,			
										Amount					
							Date	Expiration		or Number					
							Exercisable	Date		of					
					(A)	(D)				Shares					

#### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BURNS THOMAS M. C/O XOMA CORPORATION 2910 SEVENTH STREET BERKELEY, CA 94710			VP, Finance & Chief Financial				

### **Signatures**

By: Russell J Wood For: Thomas Burns	02/16/2016

**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).
- 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.