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

1. Name and Address of Reporting Person *- RUBIN PAUL D					2. Issuer Name and Ticker or Trading Symbol XOMA Corp [XOMA]								Direc	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) 03/18/2016								X_Offic	X Officer (give title below) Other (specify below) Sr. VP Clinical Dev. & CMO					
(Street) BERKELEY, CA 94710				4. If Amendment, Date Original Filed(Month/Day/Year)								_X_ Form f	6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City		(State)	(Zip)		Table I - Non-Derivative Securities Acqu					quired, Disp	ired, Disposed of, or Beneficially Owned							
1.Title of Security 2. Transaction (Instr. 3) Date (Month/Day/Year						(Instr. 8		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				Owned Transac	Owned Following Reported Transaction(s)			Ownership Form:	Beneficial	
				(Mor	nth/L	Day/Year	Code	. v	Amou	ınt	(A) or (D)	Pric	Ì				Ownership (Instr. 4)	
Common	Shares		03/18/2016(1)				M		12,14	.00	A	\$ 0 (2	350,79	350,795			D	
Common	Shares		03/22/2016				S		24,194	1.00	D	\$ 0.78 ²	326,60	7 326,601			D	
Common	ommon Shares											13,422	13,422			I	by 401(k)	
Reminder: R	eport on a seg	parate line for each o	class of securities ben	II - De	riva	tive Seco	ırities Ac	Pe thi cu quired,	s form a rrently v Disposed	re no alid C of, or	ot requ OMB o	uired to contro	o respond I number.			ontained in splays a	SEC	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion Date Execution Date, if				4. 5. Numb Transaction Derivative Securitie			Date of (Month/Day/Year)		of Underlyi Securities	Title and Amount f Underlying ecurities nstr. 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported	Owners Form o	Beneficia Ownersh (Instr. 4)			
				Code	V	(A)	(D)	Date Exercis	sable	Expi	iration	Date	Title	Amount or Number of Shares		Transaction (Instr. 4)	(s) (I) (Instr. 4	1)
		03/18/2016		M		12	,141.00	03/18	/2014 <mark>(1)</mark>	03/	18/20)16 <mark>(1)</mark>	Common Shares	12,141	\$ 0	0	D	

		Relationships						
Reporting Owner N	Name / Address	Director	10% Owner	Officer	Other			
RUBIN PAUL D C/O XOMA COR 2910 SEVENTH BERKELEY, CA	RPORATION STREET			Sr. VP Clinical Dev. & CMO				

Signatures

By: Russell J. Wood For: Paul D. Rubin	03/22/2016
**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).
- (1) These restricted stock units are scheduled to vest in substantially equal installments annually over three years, with the first installment vesting on March 18, 2014.

- Each restricted stock unit represents the right to receive, at settlement, one share of common stock. This nondiscretionary transaction represents the settlement of vested restricted stock units in shares (2) of common stock.
- (3) Shares sold on the open market to satisfy the taxes required to be withheld in connection with the vesting of the shares in a non-discretionary transaction pursuant to the reporting person's agreement under the Company's incentive plan.

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.