## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 Type Responses)  1. Name and Address of Reporting Person*  Neal James R  (Last) (First) (Middle)  C/O XOMA CORPORATION, 2910  SEVENTH STREET				Issuer Name and Ticker or Trading Symbol XOMA Corp [XOMA]     3. Date of Earliest Transaction (Month/Day/Year) 03/22/2016						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below) X Other (specify below)  VP Business Development / VP Business Development						
(Street) BERKELEY, CA 94710			4. If	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						
	(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu						s Acquir	ired, Disposed of, or Beneficially Owned						
(Instr. 3) Date (Month/Day/Year) at		Executi any	A. Deemed 3.  xxecution Date, if Transaction Code  Month/Day/Year) (Instr. 8)		on	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D)	Beneficial Ownership					
							Code		Amount	(A) or (D)	Price			or Indirect (I) (Instr. 4)	(Instr. 4)		
Common	Shares		03/22/2	2016			S	S		19,813.00	D	\$ 0.7847 (1)	411,33	D D			
																	1
Common	Shares												13,192			I	by 401(k)
	Shares Report on a s	separate line	e for each	class of sec	eurities t	peneficiall	y owned	d dire	ectly	or indirectly			13,192			I	,
		separate line	e for each	class of sec	eurities b	oeneficiall	y owned	d dire	Pe	ersons who	respo this fo	rm are	he collect	ction of inf	ormation spond unle	ss	,
		separate line	e for each		- Deriv	ative Secu	ırities A	Acqu	Pe cc th	ersons who ontained in e form dis	respo this fo plays a f, or Ber	rm are curren neficiall	he collection not requitly valid	ction of inf	spond unle	ss	401(k)
Reminder: I  1. Title of Derivative Security (Instr. 3)	Report on a s	3. Transac Date (Month/Da	tion :	Table II  3A. Deeme Execution I	- <b>Deriv</b> ( <i>e.g.</i> , <b>I</b> d Date, if	ative Secu outs, calls 4. Transacti Code	5. Num of Der Sect Acq (A) Disp of (I	Acquants, on the control of the cont	Peccoth th iired, 6. ar (N	ersons who ontained in e form dis	o respo this for plays a f, or Ber ible seculisable in Date	rm are currentericially rities)  7. Tit Amore Unde Secure	he collection of requirements of the collection	etion of infined to res	spond unle	of 10. Owners Form of Derivati Security Direct ( or Indire	11. Nature of Indirective Ownersh (Instr. 4)

#### Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Neal James R C/O XOMA CORPORATION 2910 SEVENTH STREET BERKELEY, CA 94710			VP Business Development	VP Business Development		

#### **Signatures**

By: Russell J. Wood For: James R. Neal	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) 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.