## FORM 4

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

OMB APPRO	OVAL
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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 Type Re	esponses)																			
1. Name and Address of Reporting Person * VAN NESS W DENMAN					2. Issuer Name and Ticker or Trading Symbol XOMA Corp [XOMA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director 10% Owner								
C/O XOMA STREET, SU	3. Date of Earliest Transaction (Month/Day/Year) 12/20/2018								0	fficer (give t	itle below)	Oth	er (specify be	low)						
EMEDAZIII	4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line)X_Form filed by One Reporting PersonForm filed by More than One Reporting Person											
(City)		(State)	(Zip)					Table l	I - Non-l	Deriva	tive !	Securitie	es Acau	ired D	isnosed o	or Renefi	cially Owne	d		
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year				Ex an	xecution y				nsaction	action 4. S		Securities Acquired or Disposed of (D) str. 3, 4 and 5)		5. Amount of So Owned Followi Transaction(s)		of, or Beneficially Ow securities Beneficially ing Reported		6. Ownershi Form:	of l Bei	Beneficial
				(N	(Month/Day/Yea		ear)	Cod	e V	V Amo		(A) or (D)	Price	(Instr. 3 and 4)				Direct (D) or Indirec (I) (Instr. 4)		rnership str. 4)
Common Shares 12/20/2018			12/20/2018			X		800	<u>(1)</u>	^	\$ 13.00	9,944				D				
Common Shares													1				I	by (2)	IRA	
Common Sha	ares										130			I	by (3)	Trust				
Reminder: Repo	rt on a separa	ate line for each cl		- De	erivative	Sec	uriti	es Acq	Pers in th a cu uired, D	sons vois for irrentl	m ar y va d of,	re not re lid OME or Benef	equire 3 conti ficially	d to res	spond u nber.		on containe form displa		C 147	4 (9-02)
1. Title of Derivative Security (Instr. 3)	titive Conversion Date Execution Date, if Transaction Number by or Exercise (Month/Day/Year) any Code of (		6. Date Expirat	Date Exercisable and 7. T xpiration Date of U Section (Control of U)			7. Title and Amount of Underlying Securities		8. Price of Derivative Security Security Securities Beneficia Owned Following Reported Transactie (Instr. 4)		Owne Form Deriva Securi Direct or Ind	of tive ty: (D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)							
					Code	v	(A)	(D)	Date Exercis	able	Exp	oiration e	Title	e	Amount or Number of Shares					
Subscription Rights (right to buy)	\$ 13.00	12/20/2018			X			800	11/19/	2018	12/	14/201	ΧI	mmon tock	800	\$ 0	0	D		

#### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
VAN NESS W DENMAN C/O XOMA CORPORATION 2200 POWELL STREET, SUITE 310 EMERYVILLE, CA 94608	X						

### **Signatures**

/s/ W. Denman Van Ness	12/21/2018
**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).
- The reporting person exercised in full his subscription rights (each subscription right entitling it to purchase 0.1148 shares of XOMA Corporation ("XOMA") common stock, at a subscription (1) price equal to \$13.00 per share), issued pro rata to holders of XOMA common stock on the record date for the rights offering. The reporting person acquired these shares of common stock at the closing of the rights offering.
- (2) Owned directly through W. D. Van Ness IRA.
- (3) Shares owned directly by The Van Ness 1983 Revocable Trust.

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.