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

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): March 6, 2017

XOMA CORPORATION
(Exact name of registrant as specified in its charter)

Delaware	**001-14710**	**52-2154066**
(State of incorporation)	**(Commission File No.)**	**(IRS Employer Identification No.)**

XOMA Corporation
2910 Seventh Street
Berkeley, CA 94710
(Address of principal executive offices and zip code)

Registrant's telephone number, including area code: (510) 204-7200

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01. Regulation FD Disclosure.

As previously announced, XOMA Corporation ("XOMA") will participate in the Cowen & Company 37th Annual Health Care Conference in Boston, Massachusetts. XOMA's Chief Executive Officer, Jim Neal, is scheduled to make a presentation at the conference on Tuesday, March 7, 2017, beginning at 11:20 a.m. EST. A copy of the materials to be presented at the conference is being furnished as Exhibit 99.1 to this report. Exhibit 99.1 is incorporated by reference under this Item 7.01. Such presentation materials are also available on XOMA's Investor Relations website at http://investors.xoma.com.

The information contained herein is being furnished pursuant to Item 7.01 of Form8-K, "Regulation FD Disclosure." This information shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or incorporated by reference in any filing under the Securities Act of 1933, as amended (the "Securities Act"), or the Exchange Act, except as shall be expressly set forth by specific reference in such a filing.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

The exhibit listed below and in the Exhibit Index is being furnished pursuant to Regulation FD as part of this report and shall not be deemed to be "filed" for purposes of Section 18 of the Exchange Act or incorporated by reference in any filing under the Securities Act or the Exchange Act, except as shall be expressly set forth by specific reference in such a filing.

Exhibit Number	Description of Exhibit
99.1	Investor Materials to be presented at the Cowen & Company 37th Annual Health Care Conference on March 7, 2017

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: March 6, 2017

XOMA Corporation

By: /s/ Denis J. Quinlan
Denis J. Quinlan
Sr. Corporate Counsel and Corporate Secretary

EXHIBIT INDEX

Exhibit Number	Description of Exhibit
99.1	Investor Materials to be presented at the Cowen & Company 37th Annual Health Care Conference on March 7, 2017

Exhibit 99.1

Cowen & Company 37th Annual Health Care Conference (Nasdaq: XOMA)

March 7, 2017


XOMA
MARCH 7, 2017
Cowen & Company 37th Annual Health Care Conference
(Nasdaq: XOMA)

Forward-looking Statements

Certain statements in this presentation are forward-looking statements within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934, including statements regarding: future monetization opportunities, active transactions with significant financial implications, collaborations poised for significant financial contribution, our library of value-generating assets, future potential for milestone and royalty payments, the potential of our unique antibody discovery engine, potential licensing of compounds in our endocrine asset pipeline, the significant medical need for therapies addressing hyperinsulinemia and the potential for our XOMA 358 asset to meet that need, the further clinical development of 358, the potential for our XOMA 129 asset to provide fast-acting treatment for acute severe hypoglycemia, the prospects for our XOMA 213 asset for treatment of prolactinemia, upcoming internal milestones and value catalysts, our future cash needs, our strategy for value creation, and other statements that relate to future periods.

These statements are based on assumptions that may not prove accurate, and actual results could differ materially from those anticipated due to certain risks inherent in the biotechnology industry and for companies engaged in the development of new products in a regulated market. Potential risks to XOMA meeting these expectations are described in more detail in XOMA's most recent filing on Form 10-K and in other SEC filings. Consider such risks carefully when considering XOMA's prospects. Any forward-looking statements represent XOMA's views only as of the date of this presentation and should not be relied upon as representing its views as of any subsequent date. XOMA disclaims any obligation to update any forward-looking statement, except as required by law.

New Focus: What has Changed?

New leadership – Jim Neal, CEO

Balance sheet re-capped and scrubbed

- $25 Million BVF Partners investment
- $10 Million debt eliminated

Dramatically reduced cost structure

- Operating cash burn cut by over 50%
- Further savings upon X358 licensing
- Headcount slashed from 180 to < 20

Revenue focus

- $83 Million in non-dilutive deals in last 18 months


XOMA

February 16, 2017

XOMA Appoints Matthew Perry to its Board of Directors

Company outlines new strategic imperatives and value drivers

XOMA

February 10, 2017

XOMA Announces Pricing of $25 Million Registered Offering of Common Stock and Convertible Preferred Stock

Investment Thesis: Drive Shareholder Value by Combining Revenue from a Portfolio of Partner-Funded Programs with a Lean Cost Structure

Extensive portfolio of License Agreements fully funded by partners driving milestones and royalties

- Over $50M in potential milestones in next 36 months
- Multiple shots on goal

Expand portfolio through out-licensing current programs and acquiring additional programs

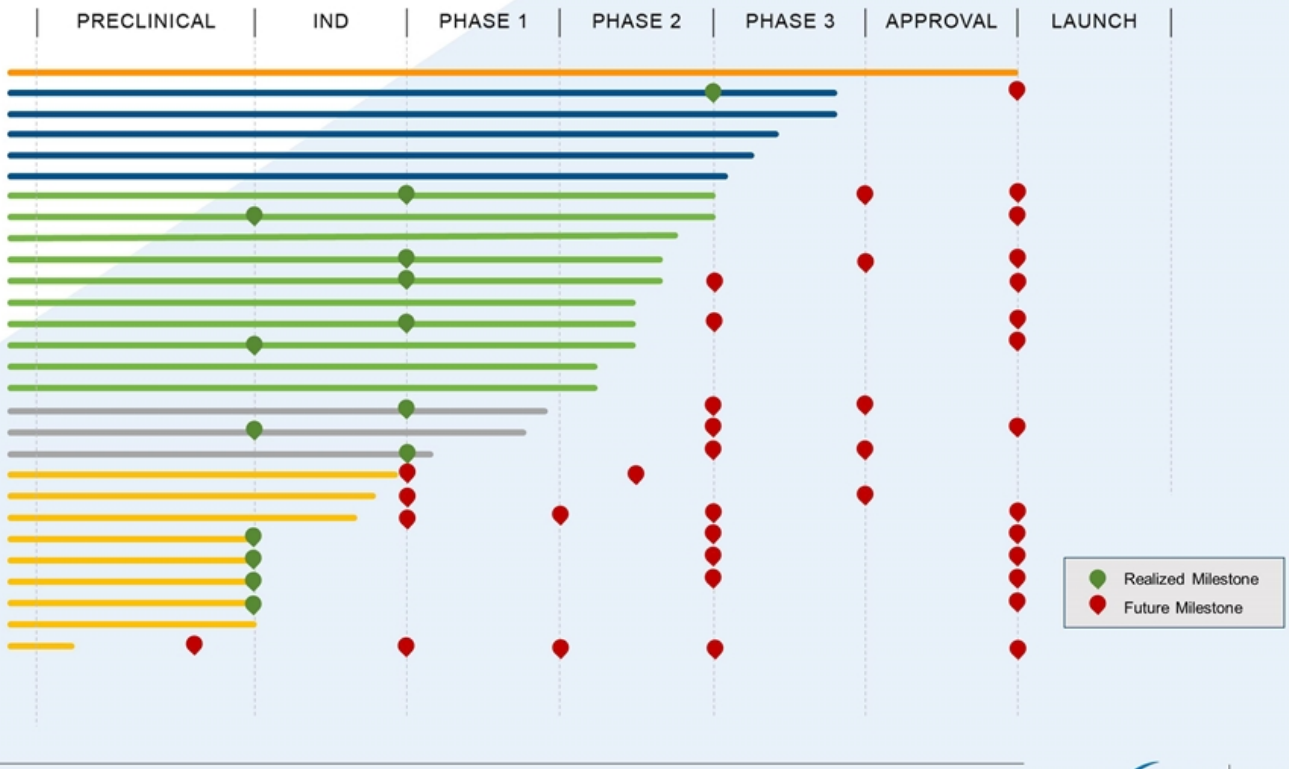
- Including out-license of X358

Expect to be cash flow positive over time

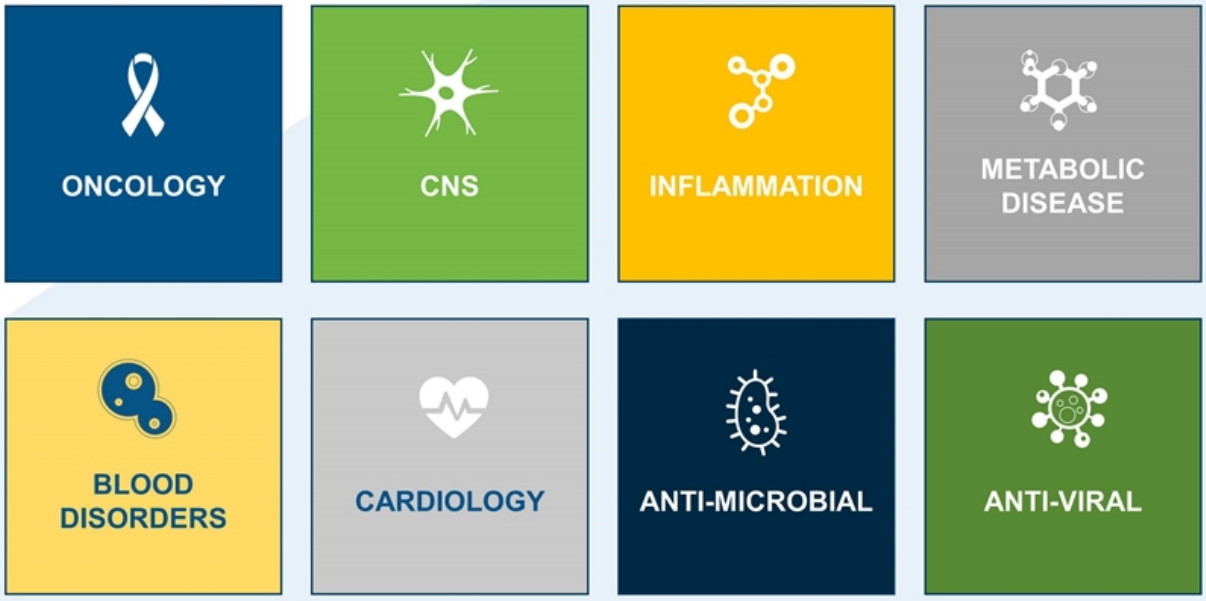
- Avoid dependence on capital markets

BVF investment underscores their belief in the strategy

Pipeline of Fully Funded Licensed Programs



Diverse Portfolio Across Therapeutic Areas



Example Value-Added Partnerships

Novartis anti-CD40 Antibody (CFZ533)

Multiple ongoing clinical studies

Milestones; tiered high-single to lower mid-teen digit royalties

Novartis TGFβ Antibody Program

$480M potential milestones; tiered mid-single to low-double digit royalties

IND filed

Novo Nordisk XMetA Antibody Program

Selective insulin receptor up-regulator for diabetes

$290M potential milestones; tiered mid- to high-single digit royalties

NOVARTIS

novo nordisk

XOMA's Product Pipeline: Ready for Partnering

COMPOUND	INDICATION	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3
XOMA 358 (INSR mAb)	Hypoglycemia				
XOMA 129 (INSR Fab)	Fast onset, shorter duration reversal of insulin action				
XOMA 213 (Prolactin receptor)	Various hyperprolactinemias				
Anti-IL-2	Immuno-oncology				
Anti-PTH1R	Hypercalcemia Endocrine & Oncology indications				
Anti-IL-1	Multiple Inflammatory Conditions				

Our plan is to license programs to optimize value and speed access to patients

Hyperinsulinemia

High levels of insulin due to abnormal pancreatic beta cell secretion or abnormal response to glucose

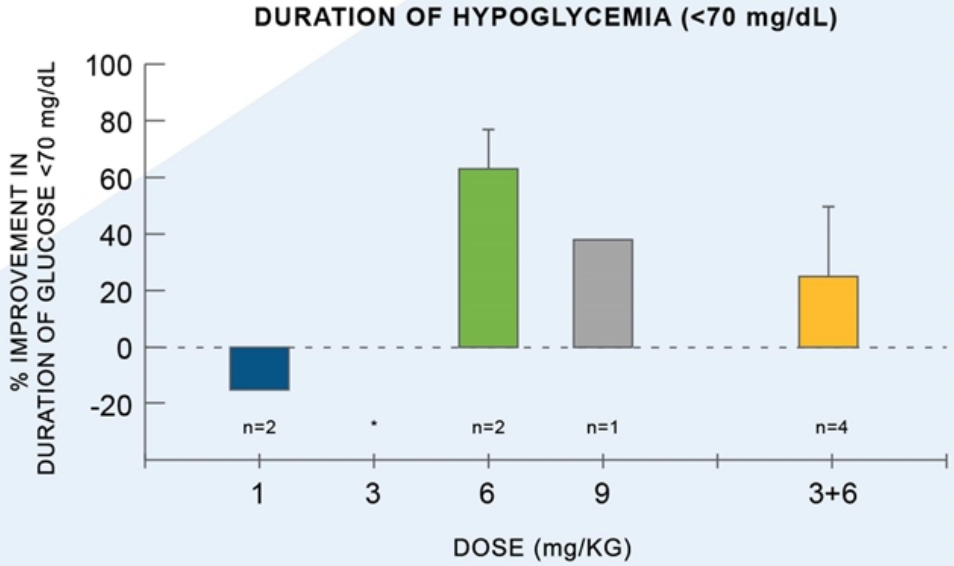
- Causes fainting, seizure, permanent brain damage, death

CONGENITAL	ACQUIRED
Congenital hyperinsulinism (CHI)	**Insulinoma**
Transitional neonatal hyperinsulinism	**Post-bariatric surgery** (PBS)

Patients require better alternatives for hyperinsulinemic hypoglycemia

- Efficacy where there are no good options (e.g. diazoxide-unresponsive CHI)
- Prevent / delay pancreatectomy
- Improved therapeutic index
- Enhanced quality of life

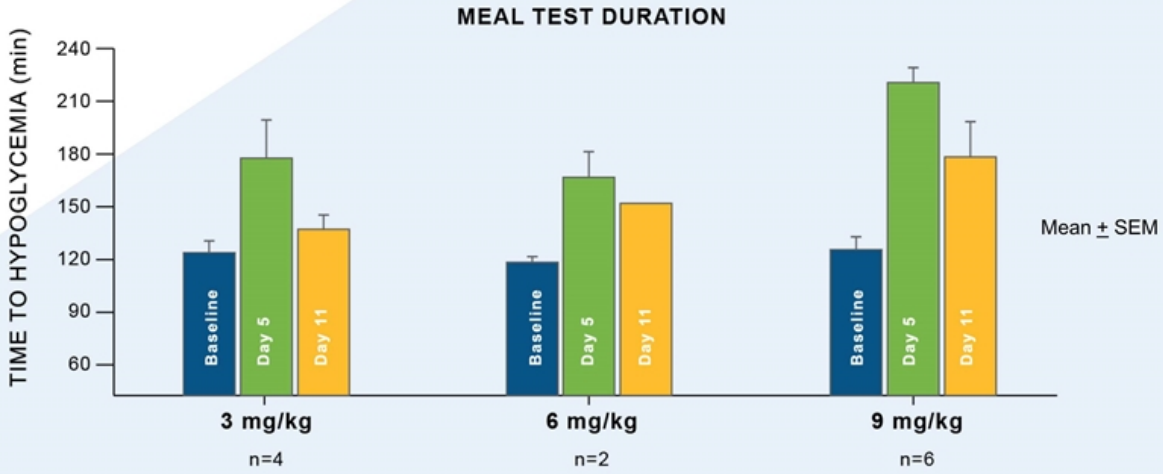
In CHI Patients, 358 Reduced the Duration of Hypoglycemia by 25% - 70%



9/14 CHI patients monitored with 24hr CGM with baseline hypoglycemia <70 mg/dL for >120 min
Post-358 change in hypoglycemia duration
Days 2,4,6 vs Non-challenge Baseline Days -2 & -1

* Excluded from analysis as they did not meet this CGM criteria

In PBS Patients, 358 Significantly Improved Glucose Control after Meal-Challenge



Duration of Meal Tolerance and Magnitude of Improvement Increased with Increasing Dose

Proof-of-Concept achieved with 358 - Asset is ready for Advancement or Licensure

Demonstrated clinically meaningful improvement in glucose levels:

- Improved AM fasting glucose levels
- Reduced daily periods of hypoglycemia
- Improved time to hypoglycemia in meal tests in PBS
- Correction of nighttime hypoglycemia

Majority of patients treated at 3-9 mg/kg doses showed improvement

Duration of action ranged 1-2 weeks

Additional serum markers affirm attenuated insulin action following 358 treatment in PBS & CHI patients

Across all Phase 1 and Phase 2 trials 358 was determined to be generally safe and well tolerated

XOMA 129: Potential Fast-Acting Treatment for Acute Severe Hypoglycemia

Highly potent Fab fragment of 358 which down regulates the INSR

Offers potential for rapid onset, improved efficacy, and tailored duration of therapy

Potential treatment for acute severe hypoglycemia

Hypoglycemia caused by insulin or related therapies remains one of the greatest challenges to glucose management in diabetes[2]

- Severe hypoglycemia is life-threatening and has cardiovascular impacts[1]
- ~10% of all ER visits results from insulin-related severe hypoglycemia

Bolus Insulin-treated Rat and Minipig models demonstrated:

Faster onset of action and improved efficacy over variant mAbs

Encouraging potency and duration of efficacy

1. Frier, B. M., G. Schernthaner, and S. R. Heller. "Hypoglycemia and Cardiovascular Risks." *Diabetes Care* 34, no. Supplement 2 (2011)
2. P. Cryer M.D., Hypoglycemia During Therapy of Diabetes, in DeGroot et al, Endotext, 2015)

XOMA 213 for Prolactinemia: Clinical Proof-of-Mechanism Study is Underway

213 is a fully human, monoclonal antibody against the prolactin receptor

Open IND transferred to XOMA from Novartis

Significant number of patients treated for potential oncology indications for up to 48 weeks; doses up to 20x higher than expected clinical dose for hyperprolactinemia

Prolactinoma – primary indication

Benign tumors of the pituitary gland

Results in sexual dysfunction, infertility and osteoporosis

10 – 20% of all prolactinomas are either resistant to dopamine agonists or patients cannot tolerate dopamine agonist treatment[1]

Phase 2 POC study underway

Ex-US study in women who wish to suppress lactation immediately postpartum

Strategy is to validate inhibition of prolactin mechanism of action

1. Dopamine agonist-resistant prolactinomas: J Neurosurg. 2011 May;114(5):1369-79

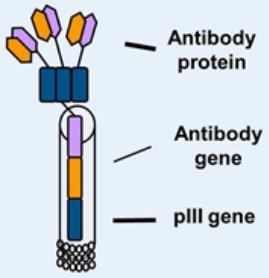
Other Assets Available for Licensure

PROGRAM	DEVELOPMENT STAGE	INDICATION
Anti-IL-2	Preclinical	Immuno-oncology
PTH1R	Preclinical	Hypercalcemia Endocrine & Oncology Indications
Gevokizumab (IL-1 beta)	Phase 2/3	Multiple Inflammatory Conditions

Antibody Libraries Available for Licensing

3 large and diverse phage libraries from normal human tissue

Single-chain, Fab



Phage

100 Billion antibodies constructed from DNA sequences amplified from ~30 donors' B-cells

Include software support, proprietary vectors & chaperones

Test-proven

Multiple companies are performing drug discovery with XOMA libraries

Financial Highlights

$25M EQUITY FINANCING

MILESTONES FROM EXISTING PROGRAMS

ELIMINATION OF $10M IN DEBT

SHARES OUTSTANDING

~7.5M BASIC

~12.5M FULLY DILUTED

LEAN EXPENSE STRUCTURE

2017 Business Objectives

1. Out-license proprietary programs
    - As appropriate to maximize value
2. Complete restructuring initiatives to achieve “end state” expense structure
3. Increase universe of phage licensees
4. Expand build portfolio of fully funded programs
5. Strengthen financial position by reducing debt

Investment Thesis: Drive Shareholder Value by Combining Revenue from a Portfolio of Partner-Funded Programs with a Lean Cost Structure

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