FORM 4

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

OMB APPROVAL					
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

	pe Response	3)											
1. Name and Address of Reporting Person * KORNBERG ARTHUR MD		2. Issuer Name and Ticker or Trading Symbol XOMA LTD /DE/ [XOMA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/22/2003			Office	r (give title belo	ow)	Other (specify b	elow)		
,		(Street) 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 I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	(Instr. 8	(A)			Beneficial	nt of Securities ally Owned Following Transaction(s) and 4)			7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	V Amo	ount (A) or (D)	Price	te			(I) (Instr. 4)	
Reminder:	Report on a s	separate line fo	r each class of secu	rities beneficially	owned dire		-						
Reminder:	Report on a s	separate line fo	Table II -	Derivative Secu	rities Acqui	Persons containe the form	who respor d in this for displays a d	m are currer	not requesting noting valid	ired to res	spond unle	ss	1474 (9-02)
1. Title of		3. Transaction	Table II - 3A. Deemed Execution Day		rities Acqui warrants, o	Persons contained the form red, Dispos ptions, con 6. Date E and Expir (Month/E	who respond in this for displays a control of the displays a control of the displays are tible security arctible security arcticles arctible security arcticles arctible security arcticles arcticles arctible security arcticles arct	eficiallities) 7. Ti Amo Undo	not requesting noting valid	ired to res	spond unle	of 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nat of India Benefit Owners (Instr. 4

Reporting Owners

D (O N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
KORNBERG ARTHUR MD						
	X					
,						

Signatures

By: Christopher J. Margolin For: Arthur Kornberg, M.D.	05/22/2003
**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).

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.