## FORM 4

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

OMB APPRO	VAL
OMB Number:	3235-0287
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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 Typ	e Responses	)														
1. Name and Address of Reporting Person * SCANNON PATRICK J MD PHD				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					
C/O XOMA, LTD., 2910 SEVENTH STREET				3. Date of Earliest Transaction (Month/Day/Year) 02/26/2004							X_Officer (give title below) Other (specify below)  CSMO					
(Street) BERKELEY, CA 94710				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 Acqu							ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if any (Month/Day/Year)		Date, if (	(Instr. 8)		A. Securities Acq A) or Disposed of Instr. 3, 4 and 5) (A) or (D)	of (D)	Owned Following Reported Transaction(s) (Instr. 3 and 4)		d	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.  Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1 Title of	12	3. Transaction	3A. Deemed	(e.g., put	ts, ca	alls, warr 5. Numb			onvertible secur ercisable and		o and	Amount	9 Dries of	9. Number o	of 10.	11. Nature
Derivative Conversion			Execution Date, if	f Transaction of Code Se (Instr. 8) Ac or of (Ir		of Deriv Securitie Acquire or Dispo of (D)	F Derivative ecurities cquired (A) Disposed f (D) nstr. 3, 4,		ion Date /Day/Year) o S		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownersh Form of Derivativ Security: Direct (Dor Indirects) (I)	of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration e Date	Title		Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Incentive Share Option (right to buy)	\$ 5.77	02/25/2004		A		11,703		(1)	02/25/2014	Comi Shai		11,703	\$ 5.77	11,703	D	
Non- Qualified Share Option (right to buy)	\$ 5.77	02/25/2004		A		18,297	,	(1)	02/25/2014	Comi		18,297	\$ 5.77	18,297	D	

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
SCANNON PATRICK J MD PHD C/O XOMA, LTD. 2910 SEVENTH STREET BERKELEY, CA 94710	X		CSMO			

# **Signatures**

By: Christopher J. Margolin For: Patrick J. Scannon, MD, PhD	02/26/2004
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) Exercisable as to (a) 25% of the option shares upon the first anniversary of the date of grant, and (b) the remaining 75% of the option shares in thirty-six (36) equal and consecutive monthly installments beginning one year and one month after the date of grant.

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.