## 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

1. Name and Address of Reporting Person * DELLIO CLARENCE L			2. Issuer Name and Ticker or Trading Symbol XOMA LTD /DE/ [XOMA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/16/2005					X Officer (give title below) Other (specify below)  Sr VP, Operations and COO				
(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 Person Form filed by More than One Reporting Person						
(City	)	(State)	(Zip)	Та	ble I - Nor	-Derivati	e Securit	ies Acqu	ired, Dispo	osed of, or I	Beneficially	Owned	
(Instr. 3) Date			2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Instr. 8)	(A) (	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)						7. Nature of Indirect Beneficial Ownership	
					Code	V Amo	unt (A) or (D)	Price	Ì	, , ,		(Instr. 4)	
Common	Shares		03/15/2005		A <sup>(1)</sup>	13,7	53 A	\$ 1.425	112,430	)		D	
Common Shares							15,976		I	by 401(k)			
													(2)
Reminder:	Report on a s	separate line for	r each class of secur	ities beneficially ow		Persons	who resp			ction of inf	ormation		
Reminder:	Report on a s	separate line for	Table II - 1	Derivative Securiti	es Acquire	Persons containe the form	who resp in this displays d of, or B	form are a curre seneficial	not requesting ntly valid	ired to res		ss	1474 (9-02)
1. Title of	·	3. Transaction	Table II - 1  3A. Deemed Execution Da any	Derivative Securiti e.g., puts, calls, wa 4. te, if Transaction Code (Instr. 8)	es Acquire	Persons containe the form	who resp in this displays d of, or B ertible se ercisable attion Date	eneficial curities) 7. T Amo	not requesting ntly valid	OMB conf	spond unle	of 10. Owners Form of Derivati Security Direct ( or Indire	11. Na hip of Indi Benefit Owner (Instr. D)

#### **Reporting Owners**

D 11 0 N 1	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DELLIO CLARENCE L			Sr VP, Operations and COO			

### **Signatures**

By: Christopher J. Margolin For: Clarence L. Dellio	03/16/2005
**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) Common share award pursuant to Management Incentive Compensation Plan, granted under the XOMA Ltd. Restricted Share Plan. Exempt transaction pursuant to Rule 16(b)-3.
- (2) Held indirectly under the XOMA Ltd. Deferred Savings Plan. All shares were acquired in a transaction exempt from Section 16(b).

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.