## FORM 5

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

OMB APPRO	VAL
OMB Number:	3235-0362
Estimated average b	ourden
hours per response.	1.0

subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Form 3 Holdings Reported

Form 4 Transactions

Reported

# ANNUAL 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 Repor SCANNON PATRICK J		2. Issuer Name and XOMA LTD /I		0 3	ol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First)	` '	3. Statement for Iss (Month/Day/Year) 12/31/2007		ar Ended			X Officer (give title below) Other (specify below)  Executive Vice President				
C/O XOMA LTD., 2910 (Street		4. If Amendment, 1	Date Original Fi	led(Month/	Day/Year	)	6. Individual or Joint/Group Reporting				
		ŕ	C				(check applicable line)				
BERKELEY, CA 94710							_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting	g Person			
(City) (State)	) (Zip)	Tal	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	ecurity 2. Transaction Date (Month/Day/Year)		Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				6. Ownership Form: Direct (D)	Beneficial		
		(Month/Day/Year)		Amount	(A) or (D)	Price	(Instr. 5 and 4)		Ownership (Instr. 4)		
Common Shares	12/31/2007(1)		J	3,011	A	\$ 3.404	28,928	I	by 401(k)		
Common Shares							53,527	D			
Common Shares							11,251	I	by Daughter		
Common Shares							60,805	I	by Trust		

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 in this form are not required to respond unless the form displays a currently valid OMB control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transaction	Numb	er	and Expiration	on Date	Amou	ınt of	Derivative	of	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secur	rities	(Instr. 5)	Securities	Derivative	Ownership	
	Derivative				Secur	ities			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)	
	Security				Acqui	ired			4)			Owned at	Direct (D)		
					(A) or	:						End of	or Indirect		
					Dispo	sed						Issuer's	(I)		
					of (D)	)						Fiscal Year	(Instr. 4)		
					(Instr.	3,						(Instr. 4)			
					4, and	l 5)									
										Amount					
										or					
								Expiration		Number					
							Exercisable	Date		of					
					(A)	(D)				Shares					

#### **Reporting Owners**

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

#### **Signatures**

By: Christopher J. Margolin For: Patrick J. Scannon, MD, PhD	02/11/2008	8		
**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).
- All shares were acquired during the 2007 fiscal year 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 provided 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.