## FORM 4

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

OMB APPRO	OVAL					
OMB Number:	3235-0287					
Estimated average burden						
hours per response	0.5					

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				
(Last) (First) (Middle) C/O XOMA LTD., 2910 SEVENTH STREET				3. Date of Earliest Transaction (Month/Day/Year) 01/07/2011							X	X Officer (give title below) Other (specify below)  Executive Vice President				
(Street) BERKELEY, CA 94710				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_	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)				Table I - Non-Derivative Securities Acqu							Acquired	ired, Disposed of, or Beneficially Owned				
1.Title of Se (Instr. 3)	` '			2A. Deemed Execution Date, if any (Month/Day/Year)		ate, if C	(Instr. 8)		4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)  (A) or Amount (D) Pr		f (D) Own Tran	Transaction(s) (Instr. 3 and 4)			6. 7. Nature Ownership Form: Beneficial Direct (D) or Indirect (I) (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 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 (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if	f Transaction of I Code Sec (Instr. 8) Acc or I of (Instr. 8)		5. Numb of Deriv Securitie Acquire	Derivative urities (Month/Disposed D) tr. 3, 4,		Exercisable and on Date On Date S		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Incentive Share Option (right to buy)	\$ 5.83	01/07/2011		A		15,662	2	(1)		01/07/2021	Common Shares	15,662	\$ 5.83	15,662	D	
Non- Qualified Share Option (right to buy)	\$ 5.83	01/07/2011		A		74,898	3	(1)		01/07/2021	Common Shares	74,898	\$ 5.83	74,898	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		Executive Vice President				

# **Signatures**

By: Christopher J. Margolin For: Patrick J. Scannon, MD, PhD	01/11/2011
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) Incentive Stock Option exercisable in conjunction with matching Non-Qualified Stock Option as to 1/50 of options on grant date, with the remaining 1/50 vesting in monthly increments beginning 02/07/2011 and ending 01/07/2012.

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.