FORM 4	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

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 Type Response	es)											
1. Name and Address o Walbert Timothy F	2. Issuer Name and XOMA LTD /D			ng Symbo	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner						
C/O XOMA LTD.,	(First) 2910 SEVENTI	TOTTT	3. Date of Earliest T 05/26/2011	ransaction (Mont	h/Day/Ye	ar)	Officer (give title below)Of	ther (specify belo	ow)		
		4. If Amendment, D	ate 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					
BERKELEY, CA 9												
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security		2. Transaction	2A. Deemed	A. Deemed 3. Transaction 4. Securities Ac		ties Acqu	uired	5. Amount of Securities Beneficially	6.	7. Nature		
(Instr. 3) Date		Date	Execution Date, if	Code		1				Ownership	of Indirect	
		(Month/Day/Year)	any	(Instr. 8)		(Instr. 3, 4 and 5)			Transaction(s)	Form:	Beneficial	
			(Month/Day/Year)						(Instr. 3 and 4)		Ownership	
										or Indirect	(Instr. 4)	
							(A) or			(I)		
				Code	V	Amount	(D)	Price		(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

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Num	ber	6. Date Exer	cisable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of		Expiration I	Date	of Underlyir	ıg	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivat	ive	(Month/Day	/Year)	Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securiti	es			(Instr. 3 and	4)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative			Acquired							Owned		(Instr. 4)		
	Security			(A) or							Following	Direct (D)			
				Disposed								or Indirect			
						of (D)							Transaction(s)	· /	
						(Instr. 3	, 4,						(Instr. 4)	(Instr. 4)	
						and 5)			1						
											Amount				
								Date	Expiration		or				
								Exercisable			Number				
				C 1		(• • •					of				
				Code	V	(A)	(D)				Shares				
Non-															
Qualified															
Share										Common					
	\$ 3.03	05/26/2011		А		5,000		<u>(1)</u>	05/26/2021		5,000	\$ 3.03	5,000	D	
Option						ĺ.				Shares	,		,		
(right to															
buy)															

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Walbert Timothy P C/O XOMA LTD. 2910 SEVENTH STREET BERKELEY, CA 94710	Х						

Signatures

By: Christopher J. Margolin For: Timothy P. Walbert 05/27

Signature of Reporting Person

05/27/2011 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 with respect to 1/12th of options in monthly increments beginning 6/26/2011 and ending 5/26/2012.

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.