FORM 5

Form 4 Transactions

Reported

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

OMB APPR	OVAL
OMB Number:	3235-0362
Estimated average	burden
hours par response	a 10

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings 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

Name and Address of Reporting Per Varian John	2. Issuer Name an XOMA Corp [ling Symb	ool	5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
(Last) (First)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)					X_ Officer (give title below) Other (specify below) Director and CEO			
C/O XOMA CORPORATION SEVENTH STREET	, 2910	12/31/2012							
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)			
BERKELEY, CA 94710						_X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person			
(City) (State)	(Zip)	Та	ble I - Non-Der	ivative S	ecuritio	es Acquir	ed, Disposed of, or Beneficially	Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Common Shares	12/31/2012(1)		J	4,455	A	\$ 2.5252	13,797		by 401(k)
Common Shares							60,079	D	

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.

SEC 2270 (9-02)

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	Numl	oer	and Expirati	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	Ì	ĺ	Secur	rities	(Instr. 5)	Securities	Derivative	Ownership	
, í	Derivative		, ,	, í	Secur	ities			(Instr	. 3 and	ì	Beneficially	Security:	(Instr. 4)	
	Security				Acqu	ired			4)			Owned at	Direct (D)	`	
					(A) o	r						End of	or Indirect		
					Dispo	sed						Issuer's	(I)		
					of (D)						Fiscal Year	(Instr. 4)		
					(Instr	. 3,						(Instr. 4)	Ì		
					4, and	15)						, ,			
										Amount					
							Date	Expiration		or Number					
							Exercisable	Date		of					
					(A)	(D)				Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Varian John C/O XOMA CORPORATION 2910 SEVENTH STREET BERKELEY, CA 94710	X		Director and CEO				

Signatures

By: Fred Kurland For: John Varian	02/13/2013

**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 2012 fiscal year under the XOMA Corporation 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.