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

OMR APP	ROVAL
OMB Number:	3235-0287
Estimated average	burden
houre per reenonee	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

(1 lint of 1 yp	e Responses)														
1. Name and Address of Reporting Person *- Varian John			2. Issuer Name and Ticker or Trading Symbol XOMA Corp [XOMA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O XOMA CORPORATION, 2910 SEVENTH STREET (Street) BERKELEY, CA 94710		3. Date of Earliest Transaction (Month/Day/Year) 02/28/2013					X Officer (give title below) Other (specify below) Director and CEO 6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by One Reporting Person Form filed by More than One Reporting Person								
		4. If Amendment, Date Original Filed(Month/Day/Year)													
(City		(State)	(Zip)			Ta	ble I	- Non-Deri	vative Securitie	es Acqui	ired, Disposed	of, or Benefi	icially Owne	d	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			2A. Deemed Execution Date, if any (Month/Day/Year		l 3. Pate, if Co	Tran	saction 4.	Securities Acqual or Disposed on str. 3, 4 and 5)	ired (f (D)	5. Amount of Securities Owned Following Reportansaction(s) (Instr. 3 and 4)		eficially	6. Ownership Form: Direct (D) or Indirect (I)	Beneficial Ownership	
reminder. I	export on a se	parate line for each o		- Derivat	tive S	ecurities A	Acqu	Persons in this f a currer tired, Dispo	s who respond orm are not re tly valid OMB sed of, or Benef	equired contro	to respond of number.				1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise	onversion Date Exercise (Month/Day/Year) (Merivative		4. 5. Nu Transaction Deriv Code Secur (Instr. 8) Acqu or Dis (D) (Instr		5. Number	of	options, convertible securi 6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title	e and Amount lerlying	8. Price of Derivative			11. Natu
	Price of Derivative Security	(Month/Day/Year)			(Acquired (or Dispose (D) (Instr. 3, 4	(A) ed of	Ì	y/Year)	Securit (Instr.	ties 3 and 4)	Security (Instr. 5)	Securities Beneficially Owned Following Reported	Form of Deriva Securit Direct or India	Ownersl (Instr. 4)
	Price of Derivative	(Month/Day/Year)			(Acquired (or Dispose (D)	(A) ed of	Ì	Expiration			Security (Instr. 5)	Securities Beneficially Owned Following Reported	Form of Deriva Securit Direct or India	f Benefici ive Ownersl (y: (Instr. 4)
	Price of Derivative	(Month/Day/Year) 02/28/2013		(Instr. 8	V	Acquired (or Dispose (D) (Instr. 3, 4 and 5)	(A) ed of	Date	Expiration	(Instr.	Amount or Number of Share	Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction	Form of Deriva Securit Direct or India (I) (Instr.	f Benefici ive Ownersl (y: (Instr. 4)

	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	02/28/2013	
**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).
- (1) Exercisable with respect to 1/48th of options in monthly increments beginning 3/28/2013 and ending 2/28/2017.
- (2) These restricted stock units are scheduled to vest in substantially equal installments annually over three years, with the first installment vesting on March 18, 2014.

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.