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

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

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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 Responses)											
1. Name and Address of R RUBIN PAUL D	2. Issuer Name and XOMA Corp [X0		radin	g Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) C/O XOMA CORPO STREET	(Middle) SEVENTH	3. Date of Earliest Tr 03/18/2013	ansaction (N	/lonth	n/Day/Yea	ır)	X_Officer (give title below) Other (specify below) Sr. VP Clinical Dev. & CMO				
(Street) BERKELEY, CA 94710			4. If Amendment, Da	te Original 1	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			
(City)	(State)	(Zip)		Table I - N	on-De	erivative	Securiti	ired, Disposed of, or Beneficially Owned			
(Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if any	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Owned Following Reported Transaction(s)	Ownership Form:	Beneficial
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Shares		03/18/2013 ⁽¹⁾		М		18,205	А	\$ 0 (2)	20,241	D	
Common Shares		03/19/2013		S ⁽³⁾ 6,990 D \$3.2		\$ 3.29	13,251	D			
Common Shares									4,422	Ι	by 401(k)

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)	Conversion or Exercise Price of Derivative	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	tion)	of D Secu Acq or D	erivative urities uired (A) isposed	(Month/Day/Year	r)	d 7. Title and Amount of Underlying Securities		Derivative Security (Instr. 5)	Securities Beneficially	Ownership o	Beneficial Ownership
	Security			Code		of (I (Inst and (A)	r. 3, 4, 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s)	Direct (D) or Indirect (I) (Instr. 4)	
Restricted Stock Units	\$ 0 <u>(2)</u>	03/18/2013		М			18,205	03/18/2013 ⁽¹⁾	(1)	Common Shares	18,205	\$ 0	36,410	D	

Reporting Owners

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
RUBIN PAUL D C/O XOMA CORPORATION 2910 SEVENTH STREET BERKELEY, CA 94710			Sr. VP Clinical Dev. & CMO						

Signatures

By: Fred Kurland For: Paul Rubin	03/27/2013
**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) These restricted stock units are scheduled to vest in substantially equal installments annually over three years, with the first installment vesting on March 18, 2013.
- (2) Each restricted stock unit represents the right to receive, at settlement, one share of common stock. This transaction represents the settlement of vested restricted stock units in shares of common stock.
- (3) Shares sold in the open market to satisfy the minimum amount of taxes required to be withhold in connection with the vesting of the shares.

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.