FORM	5
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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).
Form 3 Holdings Reported

Form 4 Transactions

Reported

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

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden hours per response... 1.0

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

1. Name and Address Neal James R	of Reporting F	2. Issuer Name an XOMA Corp		ading Symbo	ol	5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
^(Last) C/O XOMA COR SEVENTH STRE		3. Statement for I (Month/Day/Year 12/31/2014		ear Ended			Officer (give title below) X_Other (specify below) VP Business Development				
	(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)				
BERKELEY, CA	94710						_2	X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person			
(City)	(State)	T	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	or Disposed	4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5) (A) 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Shares		03/31/2014		J <u>(1)</u>	1,229.00	А	\$ 4.9495	152,670	D		
Common Shares		06/30/2014		J <u>(1)</u>	594.00 A \$ 4.360			153,264	D		
Common Shares		09/30/2014		J <u>(1)</u>	647.00	А	\$ 3.9995	147,327	D		
Common Shares		12/31/2014		J <u>(1)</u>	758.00	А	\$ 3.4105	140,988	D		
Common Shares		12/31/2014 ⁽²⁾		J	3,001.00	А	\$ 3.8315	4,471	Ι	by 401(k)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Table II ·	- Deriva	tive	Securities	Acquired	, Disposed of,	, or Ben	eficially (Owned

	(<i>e.g.</i> , 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	Numb	er	and Expiration Date		Amount 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)	Deriva	ative			Secur	ities	(Instr. 5)	Securities	Derivative	Ownership
	Derivative				Securi	ties			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)
	Security				Acqui	red			4)			Owned at	Direct (D)	
					(A) or							End of	or Indirect	
					Dispos	sed						Issuer's	(I)	
					of (D)							Fiscal Year	(Instr. 4)	
					(Instr.	· · ·						(Instr. 4)		
					4, and	5)								
										Amount				
							Date	Expiration		or				
							Exercisable		Title	Number				
							Excicisable	Date		of				
					(A)	(D)				Shares				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				

Signatures

By: Russell J. Wood For: James Neal 02/17/2015

**Signature of Reporting Person

02/17/2 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) Shares acquired through the XOMA Ltd. 1998 Employee Share Purchase Plan (Amended and Restated through May 26, 2011). Exempt transaction under Rule 16b-3(c).

(2) All shares were acquired during the 2014 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.