F	ORM	4
	Check this box	if no

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

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

(Finit of Type Responses)											
1. Name and Address of Reporting Person – PERRY MATTHEW D	2. Issuer Name <b>and</b> Ticker or Trading Symbol XOMA Corp [XOMA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director10% Owner				
(Last) (First) C/O XOMA CORPORATION, 220 STREET, SUITE 310	A DOMET I	3. Date of Earliest T 05/18/2022	ransaction (	nsaction (Month/Day/Year)				Officer (give title below)O	her (specify belo	ow)	
(Street) EMERYVILLE, CA 94608		4. If Amendment, Date 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			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		(A) or Disposed of (D)		f(D)	Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	

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)														
Security	Conversion	Date (Month/Day/Year)	Execution Date, if	Code	tion )		ive es ed ed	6. Date Exercisable and Expiration Date (Month/Day/Year) Sccurities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial		
				Code	v	(A)	(D)	Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- Qualified Share Option (right to buy)	\$ 17.86	05/18/2022		А		8,996		Ш	05/18/2032	Common Shares	8,996	\$ 0	8,996	D (2)	

# **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
PERRY MATTHEW D C/O XOMA CORPORATION 2200 POWELL STREET, SUITE 310 EMERYVILLE, CA 94608	Х						

### Signatures

/s/ Thomas Burns, Authorized Signatory for Matthew Perry	05/20/2022
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) The shares subject to this option shall vest and become exercisable in equal monthly installments over the 12-month period following the date of grant (May 18, 2022), provided that the final installment will occur on the earlier of (i) the date of the next annual meeting of the Company's stockholders or (ii) the first anniversary of the date of grant of such option.
- The Reporting Person is a member of BVF Partners L.P. ("BVF") and is obligated to transfer the economic benefit, if any, received upon the sale of the shares issuable upon exercise of (2) the equity grants to BVF. As such, the Reporting Person disclaims beneficial ownership of the securities reported herein for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, except to the extent of his pecuniary interest therein, if any.

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.