## FORM 5

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

OMB APPROVAL						
OMB Number:	3235-0362					
Estimated average	e burden					
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subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported

Form 4 Transactions

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

1. Name and Address of ENGLE STEVEN 1		2. Issuer Name and Ticker or Trading Symbol XOMA LTD /DE/ [XOMA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) C/O XOMA LTD.,	(First) 2910 SEVE	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2007					X_ Officer (give title below) Other (specify below) Chairman of the Board, CEO			
BERKELEY, CA 9	(Street) 04710	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (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 Acqu					uired, 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)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price		of (D)	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		12/31/2007(1)		J	1,377	A	\$ 3.404	1,377	I	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.

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	ı
Derivative	Conversion	Date	Execution Date, if	Transaction	Numl	oer	and Expiration	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	i
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secur	rities	(Instr. 5)	Securities	Derivative	Ownership	i
	Derivative				Secur	ities			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)	i
	Security				Acqu	ired			4)			Owned at	Direct (D)		i
					(A) o	r						End of	or Indirect		i
					Dispo	sed						Issuer's	(I)		i
					of (D	)						Fiscal Year	(Instr. 4)		i
					(Instr	. 3,						(Instr. 4)			
					4, and	15)									i
										Amount					
										or					
								Expiration		Number					i
							Exercisable	Date		of					1
					(A)	(D)				Shares					

### **Reporting Owners**

Reporting Owner Name /	Relationships						
Address	Director	10% Owner	Officer	Other			
ENGLE STEVEN B C/O XOMA LTD. 2910 SEVENTH STREET BERKELEY, CA 94710	X		Chairman of the Board, CEO				

#### **Signatures**

By: Christopher J. Margolin For: Steven B. Engle	02/11/2008
**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) All shares were acquired during the 2007 fiscal year under the XOMA Ltd. 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.