FORM 5

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

OMB APPR	OVAL
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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

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 Reporting Poscannon PATRICK J MD		2. Issuer Name an XOMA LTD /		~ ,	bol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) C/O XOMA LTD., 2910 SEV	(Middle) ENTH STREET	3. Statement for Is (Month/Day/Year) 12/31/2009		ear Ended		X_ Officer (give title below) Other (specify below) Executive Vice President						
(Street)	4. If Amendment,	Date Original F	iled(Month	/Day/Yea		6. Individual or Joint/Group Reporting (check applicable line)						
BERKELEY, CA 94710						_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person						
(City) (State)	(Zip)	Ta	ble I - Non-De	rivative S	ecuriti	es Acqui	red, Disposed of, or Beneficially	Owned				
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)	(A) or Di	Securities Acquired) or Disposed of (D) str. 3, 4 and 5) (A) or		Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	\ /	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Shares	12/31/2009(1)		J	16,124	A	\$ 0.6822	60,255		by 401(k)			
Common Shares							53,527	D				
Common Shares							11,251		by Daughter			
Common Shares							60,805	I	by Trust			

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. Titl	le and	8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numb	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)	Under	rlying	Security	Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secur	rities	(Instr. 5)	Securities	Derivative	Ownership
	Derivative				Secur	ities			(Instr.	. 3 and		Beneficially	Security:	(Instr. 4)
	Security				Acqu	ired			4)			Owned at	Direct (D)	
					(A) o	r						End of	or Indirect	
					Dispo	sed						Issuer's	(I)	
					of (D))						Fiscal Year	(Instr. 4)	
					(Instr	. 3,						(Instr. 4)		
					4, and	15)								
										Amount				
										or				
								Expiration		Number				
							Exercisable	Date		of				
					(A)	(D)				Shares				

Reporting Owners

	Relationships								
Reporting Owner Name / Address	Director		Officer	Other					
SCANNON PATRICK J MD PHD C/O XOMA LTD. 2910 SEVENTH STREET BERKELEY, CA 94710	X		Executive Vice President						

Signatures

By: Christopher J. Margolin For: Patrick J. Scannon, MD, PhD	02/10/2010	0					
Signature of Reporting Person	Date	_					
	J						

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 2009 fiscal year under the XOMA ltd. Deferred Savings Plan. All shares were acquired in a transaction exempt from Section 16(b).
- (2) Held indirectly under the XOMA Ltd. Deferred Savings Plan.

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.