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Check this box if no longer subject to Section 16. UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB Number STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Expire: Estimation burder								OMB Number: Expires: Estimated a burden hour response		
(Print or Type I	Responses)									
RUBIN PAUL D Symbo							5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle	e) 3. Date of	3. Date of Earliest Transaction				(Checl	k all applicable)	
(Month/D C/O XOMA CORPORATION, 2910 09/15/20 SEVENTH STREET				n/Day/Year) /2014				Director 10% Owner Officer (give title Other (specify below) below) Sr. VP Clinical Dev. & CMO		
	mendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
BERKELEY, CA 94710				1)			_X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State) (Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	ired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	any	Deemed cution Date, if onth/Day/Year)	on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) (A) or			ed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Shares	09/15/2014 <u>(1)</u>		М	5,000	А	\$ 3.04	77,021	D		
Common Shares	09/15/2014 <u>(1)</u>		S	5,000	D	\$ 4.5877 (2)	72,021	D		
Common Shares							5,310	Ι	by 401(k)	

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

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. De Se (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Incentive Share Option (right to buy)	\$ 3.04	09/15/2014		М	5,000	<u>(3)</u>	05/31/2021	Common Shares	5,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	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: Russell J. Wood For: Paul D. 09/16/2014 Rubin

<u>**</u>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) This transaction was made pursuant to Rule 10b5-1 trading plan adopted by the reporting person on May 13, 2014.
- This transaction was executed in multiple trades ranging at prices from \$4.55 to \$4.62. The price reported reflects the weighted average(2) sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the Company or a security holder of the Company full information regarding the number of shares and prices at which the transactions were effected.

Incentive Stock Option exercisable in conjunction with matching Non-Qualified Stock Option as to (a) 25% of the option shares upon the
(3) first anniversary of the date of grant, and (b) the remaining 75% of the option shares in thirty-six (36) equal and consecutive monthly installments beginning one year and one month after the date of grant.

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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.