## Edgar Filing: XOMA Corp - Form 4

XOMA Corp Form 4 November 24 <b>FORN</b> Check th if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	4, 2014 <b>1 4</b> UNITED is box ger 5 6. r 5 6. r 5 6. r 5 5 6. r 5 5 5 5 5 5 5 5 5 5 5 5 5	<b>IENT O</b> resuant to a subset of the subset o	Was F CHAN Section 1 Public U	shington, IGES IN SECUR 6(a) of the	D.C. 20 BENEF DITIES e Securit ding Con	549 ICIA ies E	L OW Exchange y Act of	COMMISSION NERSHIP OF e Act of 1934, 1935 or Section 0	OMB Number: Expires: Estimated a burden hou response	•		
1. Name and Address of Reporting Person <u>*</u> Neal James R (Last) (First) (Middle) C/O XOMA CORPORATION, 2910 SEVENTH STREET			<ol> <li>Issuer Name and Ticker or Trading Symbol</li> <li>XOMA Corp [XOMA]</li> <li>Date of Earliest Transaction (Month/Day/Year)</li> <li>11/24/2014</li> </ol>					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title 10% Owner Other (specify below) VP Business Development				
(Street) 4. If Amendmen Filed(Month/Day BERKELEY, CA 94710					dment, Date Original       6. Individual or Jo         n/Day/Year)       Applicable Line)         _X_ Form filed by O					oint/Group Filing(Check One Reporting Person fore than One Reporting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	med on Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	4. Securi on(A) or Di (Instr. 3, Amount	ispose	d 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)			
Common Shares	11/24/2014 <u>(1)</u>			S	1,032	D	\$ 5.032 (2)	139,438	D			
Common Shares								1,470	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.

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 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Titl Amou Under Securi (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
I B	Director	10% Owner	Officer	Other				
Neal James R C/O XOMA CORPORATION 2910 SEVENTH STREET BERKELEY, CA 94710			VP Business Development					
Signatures								
By: Russell J. Wood For: James R. Neal	;	11/24/2	2014					
**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 a 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 \$5.00 to \$5.04. 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.

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.