Edgar Filing: Neal James R - Form 4

Neal James	R									
Form 4										
February 15	5, 2019									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							PPROVAL			
	UNITED	STATES		RITIES A Ashington			COMMISSIO	N OMB Number:	3235-0287	
Check t	his box		***	isinington	, D.C. 20	JJ - J			January 31,	
if no lor		MENT O	F CHAI	NGES IN	BENEF	ICIAL O	WNERSHIP OI	Expires:	2005	
subject Section	10			SECU				Estimated burden hor	0	
Form 4								response	•	
Form 5	Filed put	rsuant to S	Section	16(a) of th	ne Securi	ties Excha	nge Act of 1934,			
obligation may cor				•	•	• •	of 1935 or Secti	ion		
See Inst		30(h)	of the I	nvestment	t Compa	ny Act of 1	940			
1(b).										
(Print or Type	Responses)									
(I fint of Type	(Kesponses)									
1. Name and	Address of Reporting	Person *	2 Issu	er Name an	d Ticker o	r Trading	5. Relationship	of Reporting Per	rson(s) to	
Neal James		-	2. Issuer Name and Ticker or Trading Symbol			Issuer				
-				A Corp [X	OMA]					
(Last)	(First) (Middle)	3 Date o	of Farliest T	ransaction		(Ch	eck all applicabl	e)	
(2007)	(1100) (3. Date of Earliest Transaction (Month/Day/Year)			X_ Director 10% Owner				
C/O XOMA CORPORATION, 2200			02/13/2019			_X_ Officer (give title Other (specify below)				
POWELL	STREET, SUITE	310					below)	CEO		
(Street)			4 If Amendment Date Original			al	6. Individual or Joint/Group Filing(Check			
			4. If Amendment, Date Original Filed(Month/Day/Year)				Applicable Line)			
				X For				iled by One Reporting Person		
EMERYVI	LLE, CA 94608						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)								
(eny)	(State)	(Zip)	Tat	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	Illy Owned	
1.Title of	2. Transaction Date			3.	4. Securit		5. Amount of	6. Ownership	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any		Transactio Code	nAcquired Disposed		Securities Beneficially	Form: Direct (D) or Indirect	Indirect Beneficial	
(mou. o)		(Month/Da	ay/Year)	(Instr. 8)	(Instr. 3,		Owned	(I)	Ownership	
							Following	(Instr. 4)	(Instr. 4)	
						(A)	Reported Transaction(s)			
						or	(Instr. 3 and 4)			
				Code V	Amount	(D) Price				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
					Perso	ons who res	spond to the colle	ection of	SEC 1474	

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amoun
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securit
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)	f			
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Share Option (right to buy)	\$ 14.33	02/13/2019		А	60,000	(1)	02/13/2029	Common Shares	60,0

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Neal James R C/O XOMA CORPORATION 2200 POWELL STREET, SUITE 310 EMERYVILLE, CA 94608	Х		CEO			
Signatures						
/s/ James R.						

Neal	02/15/2019
<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) Shares subject to this option shall vest in equal monthly installments over three years from the grant date.

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.