

XOMA Corp  
Form 3  
February 21, 2017

# FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

|                                           |                                      |                                                                                                                                                                                                                                     |
|-------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person * | 2. Date of Event Requiring Statement | 3. Issuer Name and Ticker or Trading Symbol                                                                                                                                                                                         |
| Â PERRY MATTHEW D                         | (Month/Day/Year)                     | XOMA Corp [XOMA]                                                                                                                                                                                                                    |
| (Last) (First) (Middle)                   | 02/16/2017                           |                                                                                                                                                                                                                                     |
| ONE SANSOME STREET,Â 30TH FLOOR           |                                      | 4. Relationship of Reporting Person(s) to Issuer                                                                                                                                                                                    |
| (Street)                                  |                                      | 5. If Amendment, Date Original Filed(Month/Day/Year)                                                                                                                                                                                |
|                                           |                                      | (Check all applicable)                                                                                                                                                                                                              |
|                                           |                                      | <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other<br>(give title below) (specify below)<br>See Explanation of Responses |
| SAN FRANCISCO,Â CAAÂ 94104                |                                      | 6. Individual or Joint/Group Filing(Check Applicable Line)                                                                                                                                                                          |
| (City) (State) (Zip)                      |                                      | <input checked="" type="checkbox"/> Form filed by One Reporting Person                                                                                                                                                              |
|                                           |                                      | <input type="checkbox"/> Form filed by More than One Reporting Person                                                                                                                                                               |

### Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security<br>(Instr. 4)                | 2. Amount of Securities Beneficially Owned<br>(Instr. 4) | 3. Ownership Form:<br>Direct (D)<br>or Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|---------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------|
| Common Stock, \$0.0075 par value per share<br>(1) | 0                                                        | D (1)                                                             | Â                                                        |

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable and Expiration Date<br>(Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security<br>(Instr. 4) | 4. Conversion or Exercise Price of Derivative | 5. Ownership Form of Derivative Security: | 6. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|-----------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|----------------------------------------------------------|
|-----------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|----------------------------------------------------------|

# Edgar Filing: XOMA Corp - Form 3

|                     |                    |       |                                  |          |                                                |
|---------------------|--------------------|-------|----------------------------------|----------|------------------------------------------------|
| Date<br>Exercisable | Expiration<br>Date | Title | Amount or<br>Number of<br>Shares | Security | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) |
|---------------------|--------------------|-------|----------------------------------|----------|------------------------------------------------|

## Reporting Owners

| Reporting Owner Name / Address                                                 | Relationships |           |         |                              |
|--------------------------------------------------------------------------------|---------------|-----------|---------|------------------------------|
|                                                                                | Director      | 10% Owner | Officer | Other                        |
| PERRY MATTHEW D<br>ONE SANSOME STREET<br>30TH FLOOR<br>SAN FRANCISCO, CA 94104 | Â X           | Â         | Â       | See Explanation of Responses |

## Signatures

/s/ Matthew D.  
Perry

02/21/2017

\*\*Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) The Reporting Person may be deemed to be a member of a Section 13(d) group that may be deemed to collectively beneficially own more than 10% of the Issuer's outstanding shares of Common Stock.

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.