FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

OWNERSHIP

OMB APPROVAL OMB Number: **ANNUAL STATEMENT OF CHANGES IN BENEFICIAL**

Estimated average burden hours per response: 1.0

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Check this box if no longer subject to

Form 3 Holdings Reported

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Form 4	4 Transactions	Reported.	Fil	ed pursuant t or Section					urities Excha Company Ad										
1. Name and Address of Reporting Person* STERNBERG HAL					2. Issuer Name and Ticker or Trading Symbol BIOTIME INC [BTX]							Relationship of Reporting Person(s) to Issuer (Check all applicable) Note that the second							
				_								X Director 10% Owner							
(Last) (First) (Middle) 935 PARDEE STREET					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004						X Officer (give title Other (specify below) VP;Member, Office of President								
				- 4 If Amor	ndmor	t Dot	o of Origi	nol F	ilad (Manth/	Dou/Voor		6 15	dividual or	loint/Cro	up Filir	og (Chool	Λnnlic	anhla	
(Street) BERKELEY CA 94710				4. II Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting								
(City)	(S	tate)	(Zip)									Person							
		Tab	le I - Non-Deri	vative Sec	curiti	es A	cquire	d, D	isposed	of, or I	3enefi	ciall	y Owne	d					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			Execution I	2A. Deemed Execution Date, if any (Month/Day/Year)		saction e (Instr.			or Dispos	sed	5. Amount of Securities Beneficially		6. Ownership Form: Direct		7. Nature of Indirect Beneficial				
				(Month/Day	// Year)	8)	8)		ount	(A) or (D)	Price		Owned at end o Issuer's Fiscal Year (Instr. 3 an 4)		(D) or Indire (Instr	ct (I)			
Common Shares, no par value										395		,201(1)		D					
		Т	able II - Deriva (e.g., p	itive Secu outs, calls									Owned						
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. Transaction Code (Instr. 8)	tion of		rities ired speed		ate	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)	
					(A)	Date Expiration Title		Title	Amou or Numb of Share	er									
Option to Purchase Common Shares	\$4						10/28/2	002	10/27/2007	Commo Shares		00		30,00	00	D			
Option to Purchase Common Shares	\$4						01/01/2	003	10/27/2007	Commo Shares		00		30,00	00	D			
Option to Purchase Common Shares	\$4						01/01/2	004	10/27/2007	Commo Shares	n 30,00	00		30,00	00	D			
Warrants to Purchase Common Shares	\$2						01/21/2	004	01/14/2007	Commo Shares	1 12 /	31		13,43	31	D			
Option to Purchase	\$2						(2)		05/31/2009	Commo	n 50,00			50,00	00	D			

Explanation of Responses:

- 1. Includes 140,000 shares that Dr. Sternberg may acquire through the exercise of stock options, and 13,431 shares that he may acquire upon the exercise of certain warrants.
- 2. 12,500 options became exercisable on June 1, 2004 and the remaining 37,500 options will become exercisable in three equal yearly installments.

Remarks:

Common

Shares

/s/ Hal Sternberg

Shares

02/14/2005

** Signature of Reporting Person

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.