FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington,	D.C.	20549	

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response	. 0.5								

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Patton Stephana Eilene					BIOTIME INC [BTX]										k all applic Directo	all applicable) Director		10% Ow	ner
(Last) (First) (Middle) 1010 ATLANTIC AVENUE, SUITE 102							3. Date of Earliest Transaction (Month/Day/Year) 10/04/2018									Officer (give title below) General Counsel & Secretary			
(Street) ALAME (City)			94501 (Zip)		- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - No	n-Deri	vativ	e Se	curit	ies Ac	quired	Dis	posed c	of, or Be	nefic	ially	Owned				
			2. Transaction Date (Month/Day/Year)		ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.) 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			and Securitie Benefici Owned F		es ally Following	Form (D) or	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) c	r Pri	ice	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common Shares, no par value 10/04					4/201	/2018		М		13,750) ⁽¹⁾ A	\$	0.00	21,250(2)			D		
Common Shares, no par value 10/04					4/2018				F		4,755	4,755 ⁽³⁾ D		2.22	2 16,495(2)			D	
		-	Table II -								osed of				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,		ansaction ode (Instr. S		of E		6. Date Exercisi Expiration Date (Month/Day/Yea		of Securi			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	is Blly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amor or Num of Share	ber					
Restricted Stock Units	\$0.00	10/04/2018			M			13,750	(4)		(4)	Common Shares	13,7	750	\$0.00	41,250	0	D	

Explanation of Responses:

- 1. Shares earned by the Reporting Person as a result of the vesting of Restrictive Stock Units ("RSUs") granted to the Reporting Person on May 24, 2018.
- 2. Does not include RSUs payable in shares of the Issuer's common stock that have not vested as of the date of this Report and shares that may be acquired upon the exercise of certain stock options.
- 3. Securities withheld for tax purposes exempt under Rule 16(b)-3 in connection with the vesting of 13,750 RSUs, the grant of which was previously reported on a Form 8-K.
- 4. 25% of the RSUs granted on May 24, 2018 vested on October 4, 2018, then the remaining 75% of the RSUs shall vest based on the sole determination by the Board of Directors that BioTime has achieved certain milestones, subject to the continuing employment of the Reporting Person on each vesting date. Shares of the Issuer's common stock will be delivered to the Reporting Person upon vesting.

Remarks:

/s/Stephana E. Patton

10/08/2018

** Signature of Reporting Person

Date

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.