## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM 5

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

Form 3 Holdings Reported
Form 4 Holdings Reported

OMB APPROVAL
OMB Number: 3235-0287
Expires: September 30, 1998
Estimated average burden
hours per response.....1.0

(Print or Type Responses)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(flof the Investment Company Act of 1940

of 1935 or Sectio	n 30(f)of the Inve	stment Company Act of 1940			
1. Name and Address of Repo	rting Person*	2. Issuer Name and Ticker BioTime, Inc. (BTX)	or Trading Symbol 6.	to Issuer (Check a	ll applicable)
Bellport Victoria (Last) (First)	(Middle)	3. IRS or Social Security Number of Reporting Person (Voluntary)	7 4. Statement for Month/Year 12/99	X Officer(give	specify below)
935 Pardee Street					
(Street)		5. If Amendment, Date of Original (Month/Year)		Individual or Joi (Check Applicable X Form filed by One	Line)
2	94710 (Zip)	(1.01.01.) 1.001/		Form filed by Mor Reporting Person	e than One
Table 1 Non-Derivative	Securities Acquired	d, Disposed of, or Beneficia	ly Owned		
1. Title of Security 2. (Instr. 3)	action act	ans- 4. Securities Acquion or Disposed of de (Instr. 3, 4 and str. 8)		ship ly Form:	7. Nature of Indirect Beneficial Ownership
	(Month/ Day/	301. 0)	End of Iss Fiscal Yea	uer's (D) or r Indirect d 4) (I)	Ownership
	Year)	(A) or Amount (D)	Price	(Instr. 4)	Instr. 4)
Common Shares, no par value			205,978	D	
		r each class of securitie			
beneficially owned directl	y or indirectly.	ing person, see Instruction 4			
		SEC 2270	(Over)		
FORM 5 (continued)					
		Disposed of, or Beneficially s, convertible securities)	Owned		
1. Title of Derivative Secu (Instr. 3)	rity 2. Conversion or Exercise Price of Derivative Security	3. Trans- 4. Trans- action action Date Code (Instr. 8) (Month/ Day/ Year)	5.Number of Derivative Securities quired (A) or Dis posed of (D) (Instr. 3, 4 and 5	- Expiration Date	d
	Security	1001/	(A) (D)	Date Ex Exer- at	pir-

of Unde Securit	erlying	8.	Price of Deriv- ative Secur- ity	9.	Number of deriv- ative Secur- ities Bene-	10	o.Owner- ship Form of Deriv- ative Security:	11.	Nature of Indirect Benefi- cial Owner-
	Amount or		(Instr.		ficially		Direct		ship
Title	Number of Shares		5)		Owned at End of Year (Instr. 4)		(D) or Indirect (I) (Instr. 4)	(	Instr.4)
Explanation	on of Respons	ses	:						

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78 ff(a).

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 valid OMB Number.

/s/Victoria Bellport	1/28/00
**Signature of Reporting Person	Date

\*\*Signature of Reporting Person