UNIT	Washing	,	15						
FORM 5 Check this box if : subject to Section Form 5 obligations See Instruction 1(1 Form 3 Holdings Rep Form 4 Holdings Rep	<pre>16. Form 4 or may continue. o). ported</pre>		OMB APPROVAL OMB Number: 3235-0287 Expires: September 30, 1998 Estimated average burden hours per response1.0						
Print or Type Respo			* *						
STA	TEMENT OF CHANGE	S IN BENEFICI	AL OWNERSHIP						
Act of 1934, S	ection 17(a) of	the Public Ut	: Securities Exchange ility Holding Company Act nt Company Act of 1940						
. Name and Address	of Reporting Per	son* 2	. Issuer Name and Ticker or 7 BioTime, Inc. (BTX)	Trading Symbol		ship of Repo (Check all			
Sternberg Ha (Last) (Fir) 3	 IRS or Social Security 4. Number of Reporting Person (Voluntary) 		X Dire X Offi titl	ector icer(give	10% Owner Other specify below)		
935 Pardee Street (Street)		5	. If Amendment, Date of Original		(Check A	Applicable L	/Group Filing ine)		
Berkeley CA (City) (State)	94710 (Zip)		(Month/Year)		Form fil	led by One R led by More ing Person	eporting Persor than One		
(Instr. 3)	action	action		Securiti	es sh	wner- 7 hip	Indirect		
	Date (Month/ Day/ Year)	Code (Instr.	(Instr. 3, 4 and 5) 8) (A) or Amount (D) B	Securiti Benefici Owned at End of I Fiscal Y Inst. 3	es sh ally Fo ssuer's (I ear Ir and 4) (I	hip porm: irect D) or hdirect I) Instr. 4)	Beneficial Ownership Instr. 4)		
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 Title and Amount 8 of Underlying Securities 		8.	Price of Deriv-	9.	Number of deriv- ative	10	.Owner- ship Form of	11.	Nature of Indirect
	3 and 4)		ative		Secur-		Deriv-		Benefi-
(11001.	o and i)		Secur-		ities		ative		cial
			ity		Bene-		Security:		Owner-
	Amount or		(Instr.		ficially		Direct		ship
Title	Number of		5)		Owned		(D)or	(]	Instr.4)
	Shares				at End		Indirect		
					of Year		(I)		
					(Instr. 4)		(Instr. 4)		

Explanation of Responses:

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

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

Potential persons who are to respond to the collection of information $% \left({{{\rm{Cont}}}} \right)$ contained in this form are not required to respond unless the form displays a valid OMB $% \left({{{\rm{Cont}}} \right)$ Number.

/s/Hal Sternberg

1/28/00 _____

/Signature of Reporting Person **Signature of Reporting Person

Date