SEC Form 4

FORM 4

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

OMB APPROVAL

I

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | STATEMEN Filed | ERSHIP | OMB Number: 323 Estimated average burden hours per response: | | | |
|--|-------------------|---|--|--|----------------|--|
| 1. Name and Address of Reporting Person* KINGSLEY ALFRED D | | 2. Issuer Name and Ticker or Trading Symbol BIOTIME INC [BTIM] | 5. Relationship of R (Check all applicabl | | n(s) to Issuer | |

| OMB Number: | 3235-0287 |
|----------------------|-----------|
| Estimated average bu | rden |
| hours per response: | 0.5 |
| | |

| KINGSLEY ALFRED D | | | BIOTIME INC [BTIM] (Check all applicable) X Director X 10% Owner | | | | | | | | | | wner | | | | | | |
|---|---|-----|--|-----------------------------------|---|--|-----------------|--|-----------------------------------|--|--|------------------------|---|---|-------------------------------------|---|---------------------------------------|-----------------|------------|
| (Last) 150 E. 5 | (F 7TH STRE | | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/10/2010 | | | | | | | | | Officer below) | (give title | | Other below) | (specify |
| (Street) NEW Y((City) | | | 10022 (Zip) | | 4.1 | | | | | | | 6. Ind Line) X | Form f Form f | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Non | -Deriv | ative | e Se | curities | s Ac | quired, | Dis | posed o | of, or B | enefic | cially | Owned | | | | |
| | | | Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. 5) | | 4 and Securit Benefic Owned | | es For ially (D) Following (I) (| | vnership 1: Direct r Indirect 1str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Reported Transact (Instr. 3 a | ion(s) | (Instr. 4) | | (instr. 4) |
| | | - | Table II - I (| | | | | | , | | osed of, onverti | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Executio Security or Exercise (Month/Day/Year) if any | | 3A. Deemed Execution D if any (Month/Day/ | Date, Transaction Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | Derivative Security | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisat | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Puchase Common Common Shares \$5.45 08/10/2010 A 50,000 (1) 08/09/2015 50,000 \$0.00 50,000 D Shares Option to Puchase Commor (2) 07/01/2014 50,000 50,000 D Common Shares \$2.3 Shares **Explanation of Responses:**

1. Will become exercisable in four equal quarterly installments based upon continued service on the board of directors.

2. 12,500 options became exercisable on September 30, 2009; December 31, 2009; March 31, 2010; and June 30, 2010.

Remarks:

Option to

/s/ Alfred D. Kingsley 08/12/2010

** 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.