UNITED STATES SECURITIE Washington FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). (Print or Type Responses) STATEMENT OF CHANGES I	OMB APPROVAL OMB Number: 3235-0287 Expires: September 30, 1998 Estimated average burden hours per response0.5										
Filed pursuant to Section 16											
Act of 1934, Section 17(a) of the of 1935 or Section 30(f)of th	blic Utility Holding Company Act										
1. Name and Address of Reporting Person	BioTime, Inc. (BTIM) to Issuer (Check all applicable)	BioTime, Inc. (BTIM) to Issuer (Check all applicable)									
Dresner Milton H. (Last) (First) (Middle)	Jirector 10% Owne IRS or Social Security Statement for Officer(give 0ther Number of Reporting Month/Year title below) specify belo Person (Voluntary) 2/98										
28777 Northwestern Hwy, Suite 100 (Street)	5. If Amendment, Date of Original (Month/Year) 7. Individual or Joint/Group Filin (Check Applicable Line) _X_Form filed by One Reporting Per	0									
Southfield MI 48034 (City) (State) (Zip)	(Hohen Field by More than One Form filed by More than One Reporting Person	3011									
1. Title of Security 2. Trans- (Instr. 3) action Date (Month/	<pre>ired, Disposed of, or Beneficially Owned Trans- 4. Securities Acquired(A) 5. Amount of 6. Owner- 7. Nature of action or Disposed of (D) Securities ship Indirect Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial (Instr. 8) Owned at Direct Ownership End of Month (D) or Indirect</pre>	L									
Day/ Year)	Inst. 3 and 4) (I) (A)or de V Amount (D) Price (Instr. 4) Instr. 4))									
Common Shares, 2/20/98 no par value	1,500 A \$15.875 5,500 D										
Common Shares, 2/20/98 no par value	1,000 A \$16.25										
Common Shares, 2/24/98 no par value	2,500 A \$15.00										
Reminder: Report on a separate li beneficially owned directly or indire *If the form is filed by more than one											

(Over) SEC 1471(7-96)

FORM 4 (continued)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2.	Conver- sion or Exercise Price of Deri- vative Security	3.	. Trans- 4. Trans- action action Date Code (Instr. 8) (Month/ Day/ Year)		8)	5.Number of Deriv- ative Securities Ac- quired (A) or Dis- posed of (D) (Instr. 3, 4 and 5)			<pre>6. Date Exer- cisable and Expiration Date (Month/Day/ Year)</pre>		
						Code	V	(A)	(D)		te er- able	Expir- ation Date

_ _____

of Und Securi	lerlying		Price 9. of Deriv- ative Secur- ity Instr.	Number of deriv- ative Secur- ities Bene- ficially	10).Owner- ship Form of Deriv- ative Security: Direct	11.	Nature of Indirect Benefi- cial Owner- ship	
Title	Number of Shares	(-	5)		Owned at End of Month (Instr. 4)		(D)or Indirect (I) (Instr. 4)	(Instr.4)

Explanation of Responses:

** 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.

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/Milton H. Dresner

**Signature of Reporting Person

3/02/98 Date - - - - - - - - - - - - -