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

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (date of earliest event reported): **April 23, 2019**

BioTime, Inc.
(Exact name of registrant as specified in its charter)

California	**1-12830**	**94-3127919**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

1010 Atlantic Avenue
Suite 102
Alameda, California 94501
(Address of principal executive offices)

(510) 521-3390
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 8.01 - Other Events

Included as Exhibit 99.1 to this report is a presentation relating to BioTime, Inc. ("BioTime" or the "Company"), which is incorporated herein by reference. The Company intends to use the presentation and its contents in various meetings with investors, securities analysts and others, commencing on April 23, 2019.

Item 9.01 – Financial Statements and Exhibits.

(d) Exhibits.

Exhibit Number	Description
99.1	Presentation entitled "BioTime Corporate Presentation April 23, 2019

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

BIOTIME, INC.

Date: April 23, 2019

By: */s/ Brian M. Culley*

Brian M. Culley
Chief Executive Officer

Exhibit 99.1


BIOTIME
NYSE American: BTX
Corporate Presentation
April 23, 2019

Forward Looking Statements

This presentation is for informational purposes only and is not an offer to sell or a solicitation of an offer to buy any securities of BioTime, Inc. ("BioTime" or the "Company"). This presentation includes certain information obtained from trade and statistical services, third party publications, and other sources. BioTime has not independently verified such information and there can be no assurance as to its accuracy.

All statements in this presentation, other than statements of historical fact, are forward-looking statements within the meaning of federal securities laws. In some cases, you can identify forward-looking statements by terms such as "may," "will," "expect," "plan," "anticipate," "strategy," "designed," "could," "intend," "believe," "estimate," "target," or "potential" and other similar expressions, or the negative of these terms. Forward-looking statements involve risks, uncertainties and assumptions that may cause BioTime's actual results, performance or achievements to be materially different from those expressed or implied by the forward-looking statements, including, without limitation risks and uncertainties relating to: BioTime's ability to develop new cell product candidates on the timelines discussed; the outcome or success of clinical trials; BioTime's ability to obtain FDA and/or foreign regulatory approval for product candidates; competition from products manufactured and sold or being developed by other companies; the price of and demand for BioTime's products; ability to obtain and maintain intellectual property protection for BioTime's product candidates; BioTime's ability to access adequate capital to fund current and planned business and operations; expected synergies and benefits of the Asterias acquisition; and other risk factors described in BioTime's most recent annual report on Form 10-K and quarterly report on Form 10-K filed with the Securities and Exchange Commission.

BioTime cautions you not to place undue reliance on any forward-looking statement. All forward-looking statements in this presentation are current only as of the date hereof and BioTime does not undertake any obligation to update any forward-looking statement to reflect new information, future developments or otherwise, except as required by law.

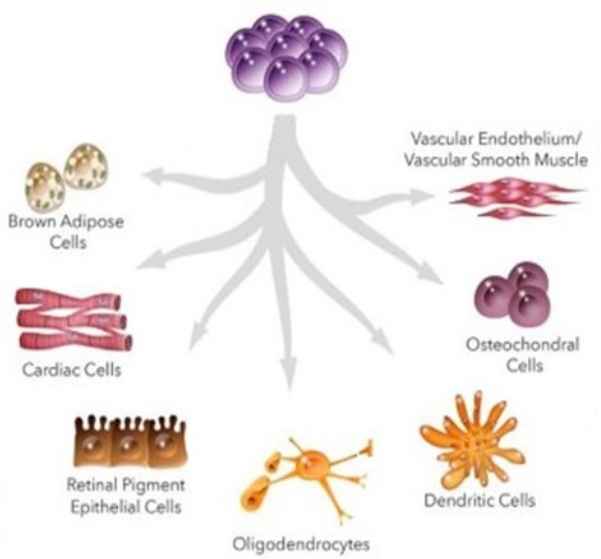
BioTime Overview

- BioTime is a leading cell therapy company
- Expertise is differentiating pluripotent cells into specific cell types for use as whole-cell transplants
- Three clinical-stage programs:
  - Phase 1/2 in dry macular degeneration (dry-AMD)
  - Phase 1/2 in spinal cord injury
  - Phase 1 in non-small cell lung cancer (NSCLC)
- Approximately 850 cell therapy-related patents and pending patent applications worldwide


Cell Therapy Platform
Technology

Cell Therapy Platform Technology

- BioTime's cell therapy platform starts with normal, pluripotent human cells, which avoids risks from genetic modifications.
- The cells have high proliferative capacity and could produce material to treat even the largest patient populations.
- The cells have the capacity to become any human cell type, offering a broad range of potential indications.



Cell Therapy Platform Technology

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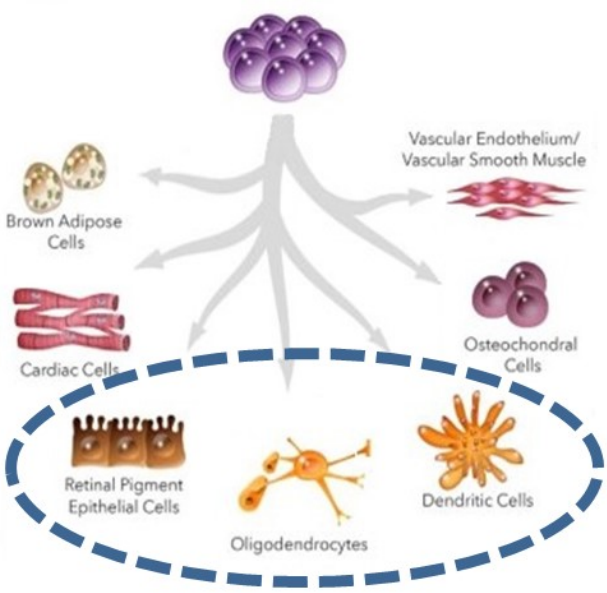


ONGOING CLINICAL PROGRAMS

In-House Process Development and GMP Production Capabilities

- Stem cell banking and handling
- Process development from pluripotent stem cells to differentiated cell types (i.e. retina cells, glial cells, etc.)
- Manufacturing of clinical material
- Scale-up production in bioreactors
- Clean rooms for parallel GMP runs for multiple products

Clinical-Stage Pipeline

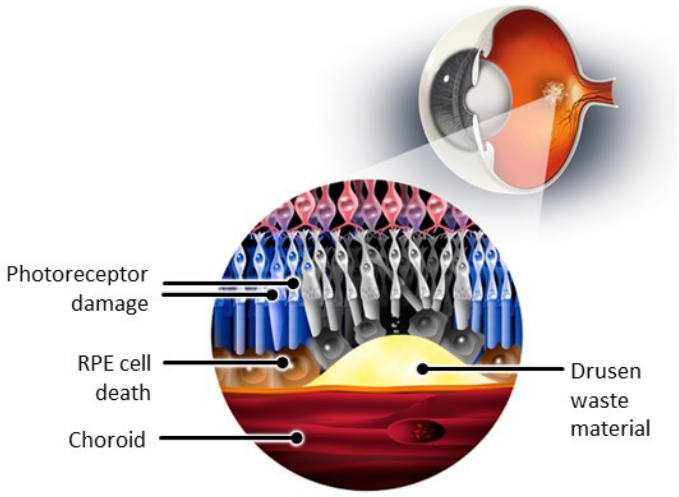
Cell Therapy	Phase I	Phase II	Partnerships & External Funding
OpRegen® Dry Form Adult Macular Degeneration with GA (Dry AMD)	→	→	רשות החדשנות Israel Innovation Authority
OPC1 Spinal Cord Injury	→	→	CIRM CALIFORNIA STEM CELL AGENCY
VAC2 Non-Small Cell Lung Cancer	→		CANCER RESEARCH UK

Medical Aesthetics	Clinical Trial	CE Mark
Renevia® HIV Lipoatrophy	→	


OpRegen®
Retinal Pigment Epithelium
Transplant Therapy for Dry-AMD

Age-related Macular Degeneration (AMD)

- AMD is a common eye disorder causing impaired central vision
- Leading cause of blindness in those over 60 years
- Retinal damage occurs from the build-up of acellular debris called drusen.
- Retinal pigment epithelial (RPE) cells help clear the waste material which forms drusen.
- Loss of RPE cells impairs drusen clearance and facilitates macular degeneration.



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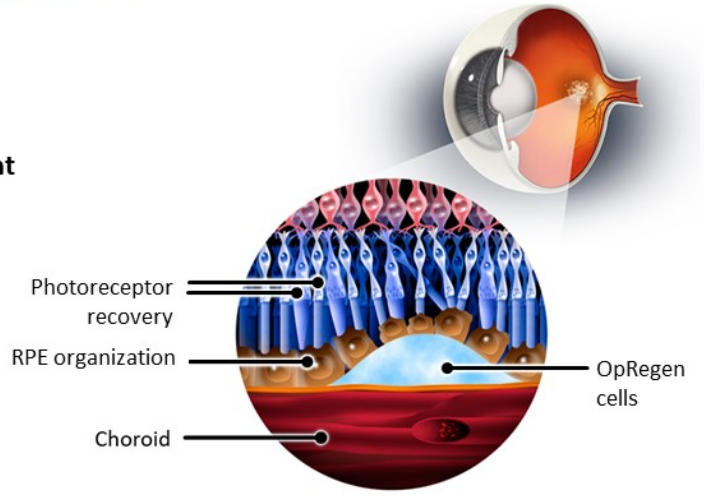
OpRegen® - Treating the Pathology of AMD

- **OpRegen is a suspension of RPE cells injected into the sub-retinal space.**

- **Potential Benefits of replacing RPE cells:**
  - **RPE organization**
  - **Drusen reduction**
  - **Photoreceptor recovery**
  - **Preserved or improved sight**



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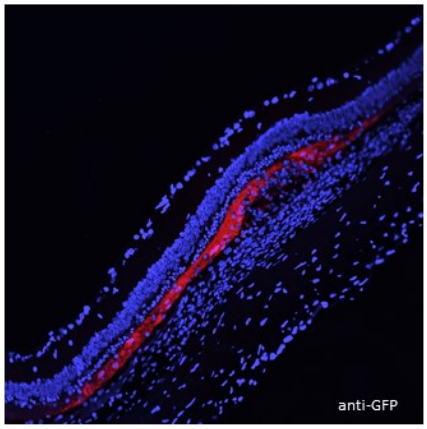
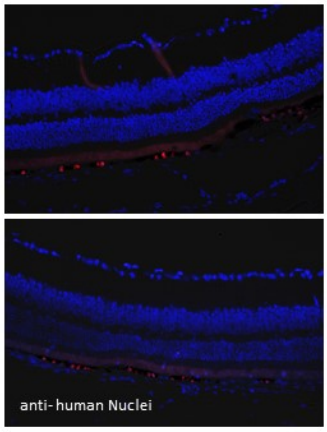
Engraftment and Survival of Human RPE Cells

- OpRegen cells counter-stained with DAPI (red line)
- OpRegen cells form a sustained monolayer in multiple species

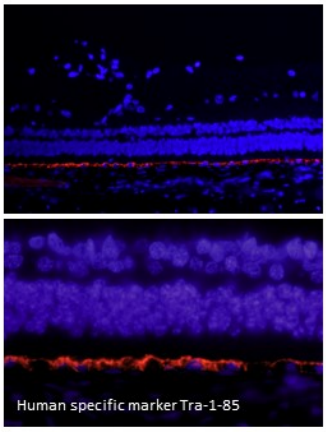
RCS Rat
19 weeks post transplantation



NOD-SCID Mouse
2 months post transplantation



Pig
2 months post transplantation



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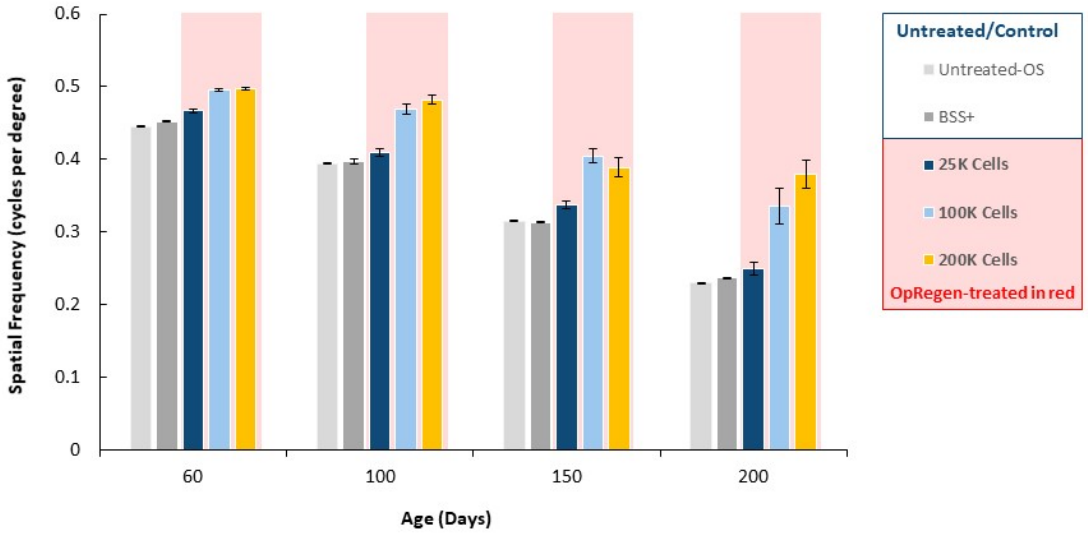
Improved Visual Acuity in RCS Rat Model

Dose-dependent rescue of vision observed with optokinetic tracking



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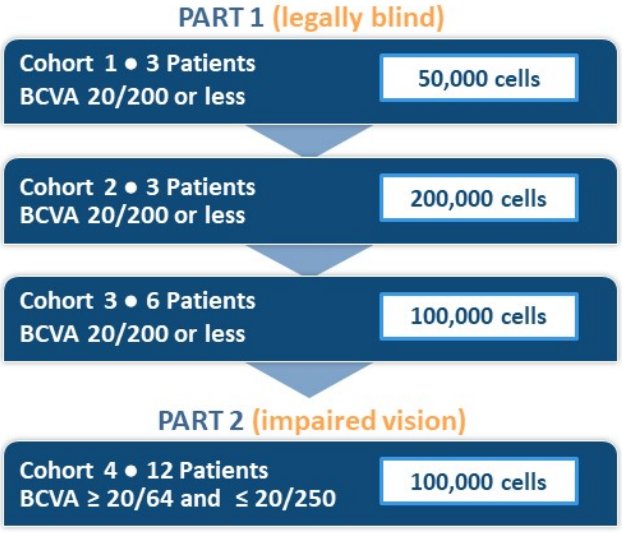
McGill TJ, et al. Transl Vis Sci Technol. 2017; 6:17.

OpRegen® - Phase 1/2a Trial Design



Purpose: To evaluate the safety and efficacy of sub-retinally transplanted RPE cells in patients with advanced dry-form AMD with geographic atrophy (GA)

Design: Open label, non-randomized, sequential, and multi-center

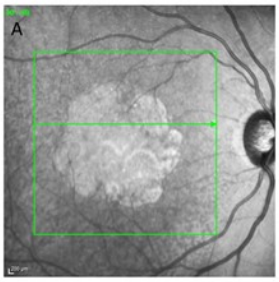
Dose and Administration: Single 50ul dose of cells injected into the subretinal space

Site Locations: U.S.A. and Israel

Phase 1/2a Patient Data: Cell Engraftment

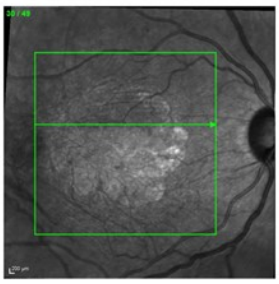
Stable engraftment of OpRegen RPE cells in a human subject

Baseline



Region of GA, identifiable as lighter circular area on retina

Month 4



In areas of administration, pigmentation is consistent with normal retinal appearance, suggesting successful engraftment of cells

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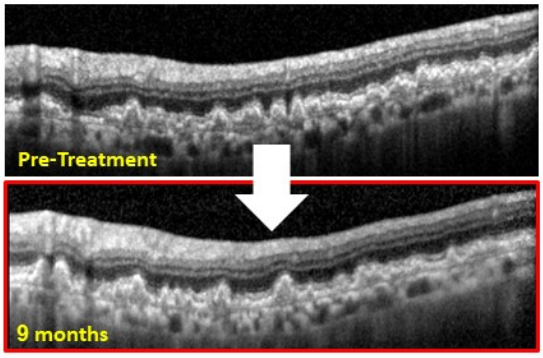
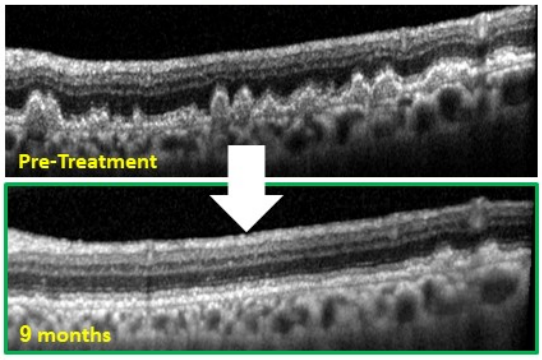
Phase 1/2a Patient Data: Evidence of Drusen Reduction

- Drusen build-up is observed at baseline (irregular white line)
- Reduction or change of drusen observed through month 9 in some patients

Untreated



Treated



Phase 1/2a Highlights

- **OpRegen® has been well-tolerated, shows signs of structural improvement in the retina, and decreases in drusen density in some patients**

- **Improvements or possible restorations of the ellipsoid zone and RPE layers have persisted.**
  - The photoreceptor layer and ellipsoid zone assumed a more regular structural appearance in areas of the transition zone where OpRegen® was administered

- **Early data from patients with earlier-stage dry-AMD with GA is encouraging**
  - Structural improvement within the retina
  - Evidence of the continued presence of the transplanted cells
  - Some improvements in visual acuity recorded

- **No unexpected adverse events or treatment-related systemic serious adverse events reported (first 15 enrolled patients)**
  - One retinal detachment (successfully repaired) was not able to be assigned as related to treatment, procedure, or to the combination

Subretinal Delivery Challenges

- **Standard transvitreal techniques used to access the subretinal space involve vitreous removal (vitrectomy) and incision of the retina (retinotomy).**
- **Vitrectomy complications can include retinal tear/detachment and cataract formation.**
- **Transvitreal delivery complications can include:**
  - enlarged retinotomy at bleb;
  - efflux of the therapeutic agent (during delivery, instrument removal, or retinotomy), leading to significant dose variability; and
  - significant surgeon and patient variability

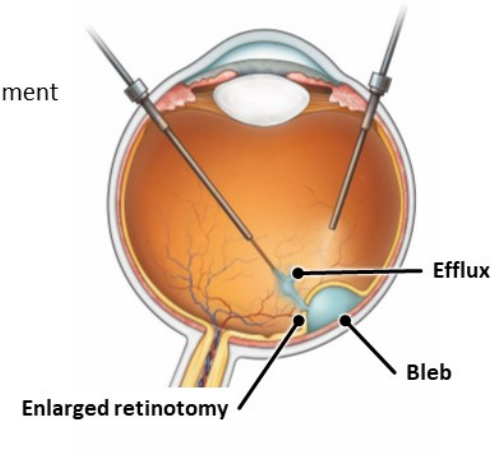


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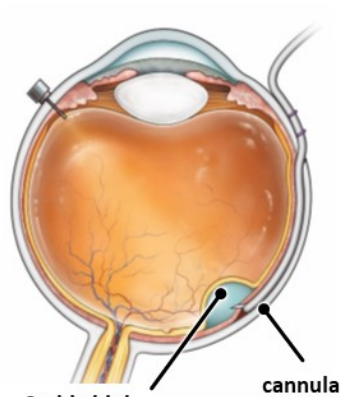
Image used with permission from Orbit Biomedical Ltd.

Subretinal Delivery Solution

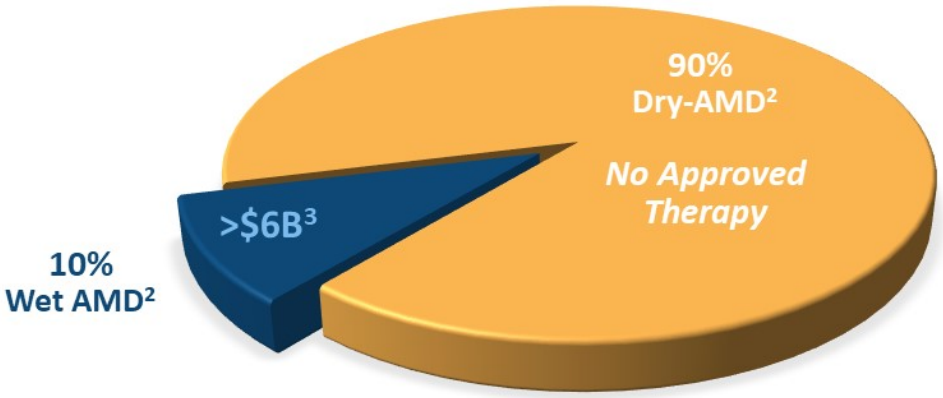
- BioTime has partnered with Orbit Biomedical to use their vitrectomy-free subretinal injection device.
- The device allows for access to the subretinal space via a suprachoroidal approach with a flexible cannula.
- A microneedle inside the cannula is advanced into the subretinal space.
- Procedure avoids creating a hole in the retina, with the goal of enabling a more stable bleb of therapeutic agent and prolonged action.
- The procedure may be done under local anesthetic



BIOTIME *Image used with permission from Orbit Biomedical Ltd.*

Significant Market Opportunity

- AMD afflicts ~11 million people in the United States[1]
- ~$6B in approved Wet-AMD therapies[2]: Lucentis® and Eylea®
- Currently, no approved therapies available for Dry-AMD



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Sources: (1) Pennington and DeAngelis, Eye and Vision, 2016 3:34; (2) JM Seddon, Epidemiology of age-related macular degeneration. (AP Schachat, S Ryan eds.) Retina, 3rd ed. St. Louis, MO: Mosby; 2001;1039-50 and (3) 2016 product sales summary based on publicly reported revenue figures for Lucentis and Eylea.


OPC1
Oligodendrocyte Precursor Cell
Therapy for Spinal Cord Injury

Lucas' Story

Lucas Linder was paralyzed from the neck down following a car accident.

The next year, he threw out the first pitch at a Major League Baseball game.

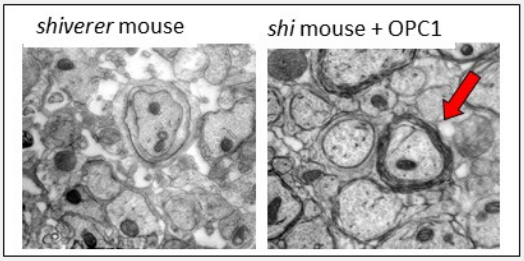
OPC1 Overview

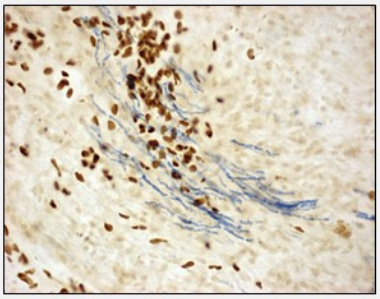
- OPC1 utilizes non-patient specific oligodendrocyte progenitor cells (OPCs)
- OPCs are naturally-occurring precursors to the cells which provide electrical insulation for nerve axons in the form of a myelin sheath
- OPC1 has RMAT and Orphan Drug Designations from the FDA
- OPC1 has received significant funding from CIRM (>$14M to date)

OPC1 Injection Procedure

OPC1 Potential Mechanisms of Action

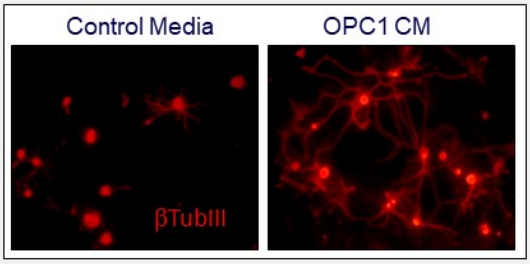
Myelination of axons



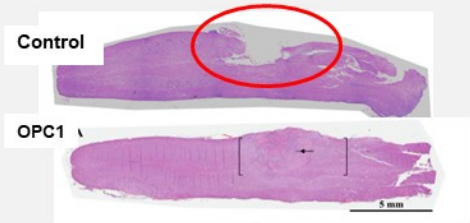


Rag2$^{-/-}$ *γc*$^{-/-}$ */shi* mouse + OPC1

Secretion of neurotrophic factors



Prevention of Cavitation



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OPC1 Development in Spinal Cord Injury

Pre-Clinical

28 Animal Studies

- Survives in the Spinal Cord
- Greatest Activity in Subacute Injury
- Improves Locomotor Activity
- Reduces Parenchymal Cavitation
- Migrates Up 5cm in Spinal Cord
- No Distribution Outside CNS
- Does Not Increase Mortality
- Does Not Induce Systemic Toxicity
- Does Not Produce Teratomas
- Produces Low Frequency (1-2%) Small Ectopic Tissue at Injury Site
- Not Highly Susceptible to Direct Immune Responses

Clinical

Phase 1 Thoracic Study

- 5 subjects administered 2M cells
- Long-term follow up has shown no evidence of adverse changes in any subjects treated

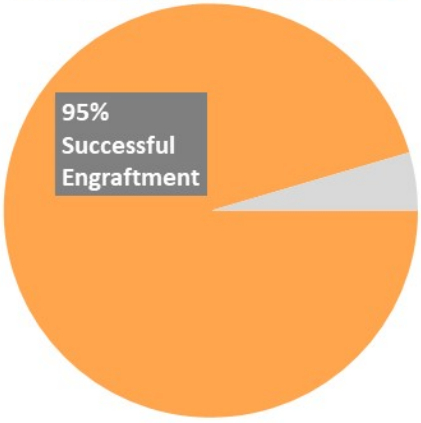
Phase 1/2a Cervical Study

- 25 subjects administered up to 20M cells
- Good safety profile
- Evidence of durable cell engraftment
- Promising motor recovery
- Results inform next study design

Clinical Data from OPC1 Phase 1/2a Study

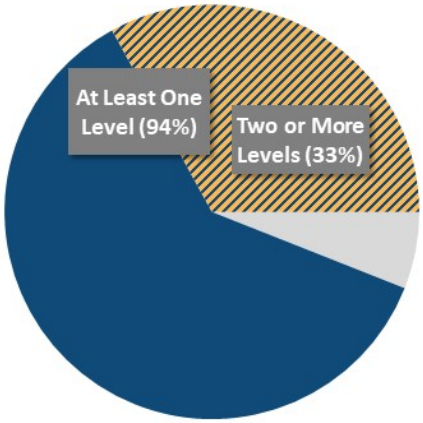
Cell Engraftment

(cohorts 2-4 (95%) at 12 months, n=18; and cohort 5 (100%) at 6 months, n=4)



Improved Motor Function

(cohort 2-4 at 12 months, n=18)



Safety

To date, no serious adverse events (SAEs) related to the OPC1 cells (includes long-term follow up of Phase 1 safety study subjects)

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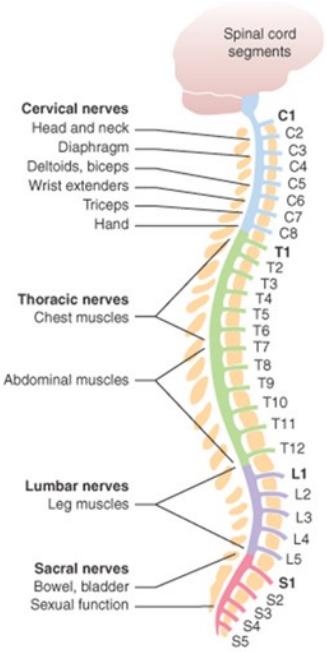
OPC1 in Spinal Cord Injury (SCI)

- **SCI can create a significant burden for patients and caregivers***
  - **60% of cases result in some degree of tetraplegia and 40% with some degree of paraplegia**
  - **67% of patients are unemployed 10 years post-injury**
  - **Lifetime direct healthcare costs can reach $5 million for one patient**
- **Motor level improvements can translate into clinically significant improvements in self-care and reductions in cost of care**
- **The therapeutic goal is to restore arm, hand, and finger function, increasing independence and quality of life**



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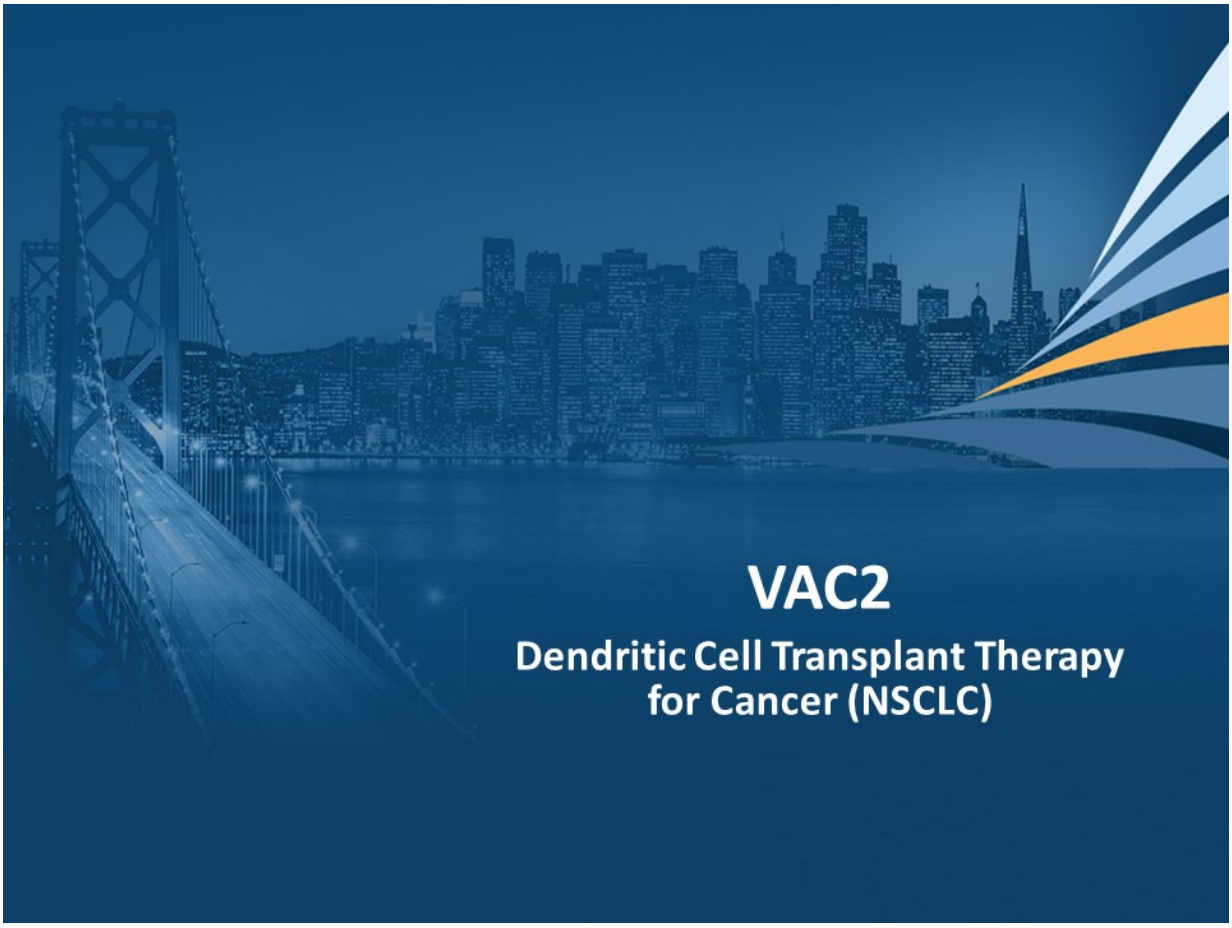
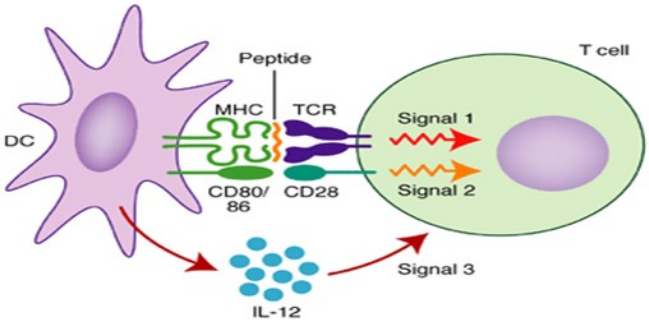
(*) National SCI Statistical Center, 2019 SCI Data Sheet.


VAC2
Dendritic Cell Transplant Therapy
for Cancer (NSCLC)

VAC2 Immunotherapy Program

- **VAC2 uses allogeneic ("off the shelf") dendritic cells to stimulate an immune response to an antigen present in >85% of all cancers**
- **The LAMP signal sequence heightens the immune response through stimulation of both CD8+ cytotoxic and CD4+ helper T cell responses**
- **Optimal settings for dendritic cell immunotherapy include:**
  - **Minimal residual disease** setting /preventing relapse (monotherapy)
  - **Combination therapy** with immune checkpoint inhibition



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Cancer Research UK Partnership

- **CRUK Responsibilities: Funding and Management**
  - GMP Manufacture of VAC2 Clinical Material
  - Prepare and File Regulatory Dossier
  - Conduct 24-patient Phase 1/2a trial in Patients with Advanced and Resected Non-small Cell Lung Cancer (NSCLC)

- **4 patients dosed to date**
- **Data anticipated during 2019 and 2020**

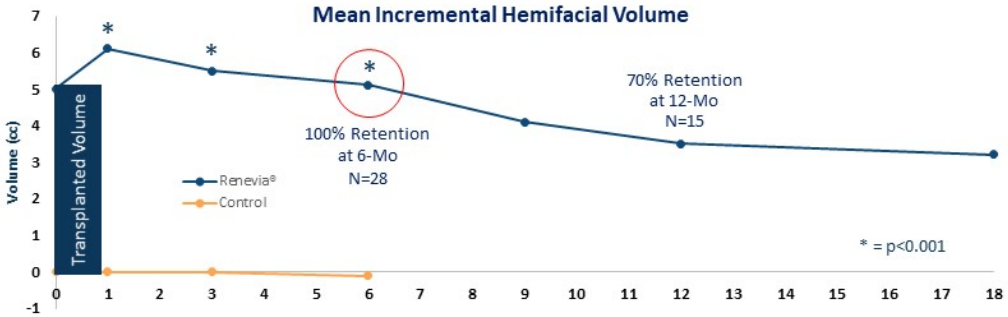
VAC2 Platform has Potential Broad Application

Approach:	Rationale:
Monotherapy in MRD Setting with High Risk of Relapse	➢ Stimulate T cell response to eliminate residual cancer cells after debulking chemotherapy, surgery, radiotherapy
Combination Therapy	➢ Stimulate endogenous T cell response to enable ICIs to work in 'immune cold' tumors
New or Additional Antigens	➢ Autologous and allogeneic DC platforms can be used to deliver any antigen(s), including neoantigen approaches


Renevia®
Cell support and delivery platform

Renevia®

- **A proprietary matrix designed to support transplanted cells**
  - Intended to mimic the extracellular matrix
  - Localizes transplanted cells at an injection site
  - Explored clinically as a volumizer to augment fat transfer procedures
- **50-patient, HIV-Associated Lipoatrophy Study**
  - Increase in hemifacial volume as measured by 3D image scan at 6 months
  - There were no device or procedural-related serious adverse events reported
- **Submitted for CE mark in Europe; response expected 2Q 2019**



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Financial Overview

- **Cash and cash equivalents and marketable securities** (as of 12/31/2018)
  - $30.7 million
- **Value of Equity Holdings in OncoCyte Corporation (OCX)** (based on closing stock price on 4/18/2019)
  - $60.9 million
- **Convertible promissory note due from Juvenescence** (as of 12/31/2018)
  - ~$22 million (matures in Aug 2020)
- **Common stock issued and outstanding** (as of 4/18/2019)
  - ~150 million shares
- **Market Capitalization** (as of 4/18/2019)
  - ~$187 million

Investment Highlights

- **BioTime: a leading cell therapy company**

- **Innovative and diversified pipeline with three clinical-stage programs, each transplanting whole differentiated cells for unmet medical needs:**
  - Dry AMD with GA
  - Spinal Cord Injury
  - Non Small Cell Lung Cancer

- **Recent Significant Events:**
  - Hired new Chief Executive Officer (Sep 2018) and Chief Financial Officer (Jan 2019)
  - Completed acquisition of Asterias Biotherapeutics, Inc.
  - Spun off and completed distribution of AgeX Therapeutics, Inc. (NYSE American: AGE)
  - Received $10.8M second installment payment from Juvenescence Ltd.
  - Affiliate company (NYSE American: OCX) announced positive data from R&D validation study

Select Upcoming Milestones

- Present updated results from the ongoing Phase I/IIa clinical study of OpRegen at 2019 ARVO Annual Meeting.
- Initiate dosing with the Orbit injection device and a new thaw and inject formulation in ongoing Phase I/IIa clinical study of OpRegen, anticipated Q2 2019.
- Integrate Asterias Therapeutics into BioTime and tech transfer OPC1 manufacturing to Israeli GMP manufacturing facility.
- Share next steps in the clinical development of the OPC1 program, anticipated in 2019.
- Strengthen and expand existing partnerships with California Institute for Regenerative Medicine and Cancer Research UK for the ongoing support of the development of the OPC1 and VAC2 programs.
- Complete patient enrollment in the ongoing Phase I/IIa clinical study of OpRegen, anticipated in 4Q 2019.
- Evaluate development of OPC1 as a potential treatment of multiple sclerosis and ischemic stroke through ongoing research collaborations with major universities.
- Obtain decision on CE Mark application for Renevia, expected in the second quarter of 2019.


BIOTIME
NYSE American: BTX