Instruction 1(b)

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0362								
Estimated average burden								
hours per response.	1.0							

Form 3	3 Holdings Rep	orted.											Liloui	o per re	соропос.	1.0	
_	4 Transactions		Fil	ed pursuant t or Sectio					urities Excha Company Ad								
1. Name and Address of Reporting Person* DRESNER MILTON H					2. Issuer Name and Ticker or Trading Symbol BIOTIME INC [BTX]						5 (0	S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 28777 NORTHWESTERN HWY					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004							Officer (give title Other (specify below) below)					
SUITE 100				4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street) SOUTHFIELD MI 48304				_								Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)														
			le I - Non-Deri	_		_	cquire					_					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I if any (Month/Day	Date,	Tran	3. Transaction Code (Instr. 8)		curities Acquired (A) or Dispo) (Instr. 3, 4 and 5)		or Disposed	Securitie Benefici Owned a	es ally at end of	(D) or	rship : Direct	7. Nature of ndirect Beneficial Ownership		
								Amo	ount	(A) or (D) Price Issuer's Fiscal Year (Instr. 3 and 4) (Instr. 4)					(Instr. 4)		
Common	Shares, no	par value										105,614(1)		D			
		Т	able II - Deriva (e.g., p	tive Secu outs, calls													
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year)		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	ion of Expirat		Expiration	kpiration Date lonth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
							Amount or Number										
					(A)	(D)	Date Exercisa	able	Expiration Date	Title	of Shares						
Option to Purchase Common Shares	\$11.5						03/31/20	000	03/30/2005	Commo Shares			10,00	0	D		
Option to Purchase Common Shares	\$7.25						03/26/20	001	03/25/2006	Commo Shares			10,00	0	D		
Option to Purchase Common Shares	\$3						(2)		03/30/2007	Commo Shares			20,00	0	D		
Option to Purchase Common Shares	\$1.55						(3)		03/30/2008	Commo Shares			20,00	0	D		
Option to Purchase	\$2.17						(4)		03/07/2009	Commo	n 20,000		20,00	0	D		

Explanation of Responses:

- 1. Includes 80,000 shares that Mr. Dresner may acquire through the exercise of stock options.
- 2. 12,500 options became exercisable on March 31, 2002 and the remaining 7,500 became exercisable in 9 equal monthly installments based upon continued service on the board of directors.
- 3.5,000 options became exercisable on March 31,2003 and the remaining 15,000 became exercisable in 9 equal monthly installments based upon continued service on the board of directors.
- 4. 5,000 options became exercisable on March 31, 2004 and the remaining 15,000 became exercisable in 3 equal quarterly installments based upon continued service on the board of directors.

Remarks:

/s/ Milton H. Dresner

02/14/2005

** 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.