FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL             |                      |  |  |  |  |  |  |  |
|--------------------------|----------------------|--|--|--|--|--|--|--|
| OMB Number:              | IB Number: 3235-0104 |  |  |  |  |  |  |  |
| Estimated average burden |                      |  |  |  |  |  |  |  |
| hours per response:      | 0.5                  |  |  |  |  |  |  |  |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| STOLZ LESLEY A.  |             | 2. Date of Even<br>Requiring State<br>Month/Day/Yea<br>08/15/2013 | ment                | 3. Issuer Name and Ticker or Trading Symbol BIOTIME INC [ BTX ] |  |   |  |   |  |   |  |
|--|-------------|---|---------------------|---|--|---|--|---|--|---|--|
| (Last)<br>1301 HARBO   | (First)     | (Middle)  | , 00,10,2010        |   |  | ationship of Reporting Perso<br>c all applicable)<br>Director | n(s) to Issue<br>10% Owne              |   | 5. If Amendment, Date of Original Filed (Month/Day/Year) |   |  |
| (Street) ALAMEDA   | CA          | 94502   |                     |   | X  | Officer (give title below)  EVP, Corporate Devo               | Other (spec<br>below)<br>elopment      | cify  |  | cable Line)<br>Form filed by                                | Group Filing (Check  One Reporting Person  More than One |
| (City)   | (State)     | (Zip)   |                     |   |  |   |  |   |  | reporting r   | 213011   |
| Table I - Non-Derivative Securities Beneficially Owned   |             |   |                     |   |  |   |  |   |  |   |  |
| 1. Title of Security (Instr. 4)  |             |   |                     |   | 2. Amount of Securities Seneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) |   | t (D) (                                | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |  |   |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |             |   |                     |   |  |   |  |   |  |   |  |
|  |             | 2. Date Exercisable and Expiration Date (Month/Day/Year)          |                     |   | 3. Title and Amount of Securities<br>Underlying Derivative Security (Ins                                       |   | (Instr. 4) Conver                      |   | 5.<br>Ownership<br>Form:                                 | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |
|  |             |   | Date<br>Exercisable | Expiration Date   |  |   | Amount<br>or<br>Number<br>of<br>Shares | Price of<br>Derivative<br>Security                    |  | Direct (D)<br>or Indirect<br>(I) (Instr. 5)                 |  |
| Option to Purc   | hase Common | Shares  | (1)                 | 08/14/2020  |  | Common Shares   | 200,000                                | 3.69  | 9  | D   |  |

## **Explanation of Responses:**

1. 1/48th of the number of options will vest at the end of each full month of employment after August 15, 2013.

## Remarks:

<u>/s/ Lesley A. Stolz</u> <u>08/26/2013</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.