### 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,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

Washington,	D.C.	20549
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# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPRO	DVAL
OMB Number:	3235-0362
Estimated average burd	en
hours per response:	1.0

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	4 Transactions	Reported.	Fil	ed pursuant t or Sectio					irities Excha Company Ad		of 1934									
1. Name and Address of Reporting Person* STERNBERG HAL				2. Issuer Name and Ticker or Trading Symbol BIOTIME INC [ BTIM ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
STERNBERG HAL												X Director 10% Own						er		
(Last) (First) (Middle) 1301 HARBOR BAY PARKWAY					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2008						ear)	X Officer (give title Other (specify below)  Vice President								
				_																
(Street) ALAMEDA CA 94502				4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting								
(City)	(S	tate)	(Zip)										Perso		iore tria	an One R	ероги	ng		
		Tab	le I - Non-Deri	vative Sec	curiti	es A	cquire	d, Di	isposed	of, or E	Benefic	ciall	y Owne	d						
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)			Execution I	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of (D) (Instr. 3, 4 and 5)		or Dispos	ed	5. Amount of Securities Beneficially Owned at end of		6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership				
							Amou	unt	(A) or (D) Price		Issuer' Year (li 4)		Fiscal tr. 3 and		Indirect (I) (Instr. 4)		(Instr. 4)			
Common	Shares, no	par value											410,201(1)		D					
		Т	able II - Deriva (e.g., p	tive Secu outs, calls									Owned							
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)	ed 4. 5. Number 6. Date Exercisable and 7. Title and 1 Date, Code (Instr. Derivative (Month/Day/Year) Securities			of es ing /e Securi	1 5	3. Price of Derivative Security Instr. 5)	9. Numbo derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)						
					(A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Share	er								
Option to Purchase Common Shares	\$2						(2)		05/31/2009	Commor Shares	50,00	00		50,00	00	D		D		
Warrants to Purchase Common Shares	\$2						01/21/20	004	10/31/2010	Commor Shares	13,43	31		13,43	31	D				
Warrants to Purchase Common Shares	\$2						12/21/20	005	10/31/2010	Commor Shares	12,50	00		12,50	00	D				
Option to Purchase	\$0.32						11/24/20	006	11/23/2011	Commor	1 80.00	00		80.00	00	D.				

#### **Explanation of Responses:**

- 1. Includes 130,000 shares that Dr. Sternberg may acquire through the exercise of stock options, and 25,931 shares that he may acquire upon the exercise of certain warrants.
- 2. 12,500 options became exercisable on June 1, 2004 and the remaining 37,500 options became exercisable in three equal yearly installments.

## Remarks:

Common

Shares

/s/ Hal Sternberg

Shares

02/17/2009

\*\* 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 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.