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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OMB APPRO	OVAL				
	OMB Number:	3235-0362				
Estimated average burden						
ı	hours per response:	1.0				

U Form 3	B Holdings Rep	ortea.												<u> </u>				=1
Form 4	1 Transactions	Reported.	File	ed pursuant t or Sectio					urities Excha Company Ad									
Name and Address of Reporting Person* SEGALL JUDITH					2. Issuer Name and Ticker or Trading Symbol BIOTIME INC [BTIM]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 6121 HOLLIS STREET					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2005						X Officer (give title below) VP;Member, Office of President							
(Street) EMERYVILLE CA 94608				4. If Amer	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. 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	on				┙
			le I - Non-Deriv	1		_	cquire						_					4
, , , , , , , , , , , , , , , , , , ,		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acq Of (D) (Instr. 3, 4 a		uired (A) or Dispos and 5) (A) or Price		ed	5. Amour Securitie Beneficia Owned a Issuer's Year (Ins	es Ow ially Fo at end of (D) Fiscal Inc		ership : Direct ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Aillo		(D)			4)		(Instr			4
Common	Shares, no					<u> </u>							712,0	569 ⁽¹⁾		D		┙
		I	able II - Deriva (e.g., p	tive Secu uts, 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)	4. Transaction Code (Instr. 8)	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	rative rities ired r osed)	6. Date Expirati (Month/	ion Da		Amount Securitie Underlyi Derivativ	Amount of Securities		Derivative Security Security (Instr. 5) Bend Own Folic Repy Tran		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		11. Natur of Indired Beneficia Ownersh (Instr. 4)	ct al nip
					(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er						
Option to Purchase Common Shares	\$4						10/28/2	2002	10/27/2007	Commor Shares	26,66	66		26,66	66	D		
Option to Purchase Common Shares	\$4						01/01/2	2003	10/27/2007	Commor Shares	26,66	i7		26,66	57	D		
Option to Purchase Common Shares	\$4						01/04/2	2004	10/27/2007	Commor Shares	26,66	i7		26,66	67	D		
Warrants to Purchase Common Shares	\$2						01/21/2	2004	10/31/2010	Commor Shares	21,58	17		21,58	37	D		
Option to Purchase Common Shares	\$2						(2)		05/31/2009	Commor Shares	50,00	00		50,00	00	D		
Warrants to Purchase Common Shares	\$2						12/21/2	2005	10/31/2010	Commor Shares	23,75	i0		23,75	50	D		

Explanation of Responses:

- 1. Includes 255,000 shares that may be acquired upon the exercise of certain stock options, and 45,337 shares that may be acquired upon the exercise of certain warrants.
- 2. 12,500 options became exercisable on June 1, 2004 and the remaining 37,500 options will become exercisable in three equal yearly installments.

Remarks:

/s/ Judith Segall

02/14/2006

** 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.