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

OWNERSHIP

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average bur	den							
hours per response:	1.0							

Term 3 Holdings Reported.

Instruction 1(b)

Form 3	3 Holdings Rep	ortea.																		
Form 4	1 Transactions	Reported.	Fil	ed pursuant t or Sectio																
1. Name and Address of Reporting Person* WAITZ HAROLD D				or Section 30(h) of the Investment Company Act of 1940 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)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S		(Zip)																	
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any		3. Tran	3. Transaction Code (Instr. 8)		Amount (A) Or (D)				5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common	Shares, no	par value											338,6	25 ⁽¹⁾	D					
1. Title of Derivative Security (Instr. 3) 2. Conversion of Exercic Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any			mber ative rities ired osed	ents, optio oer 6. Date Expiration (Month/Date) ed		, convert	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		s)	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporter Transact (Instr. 4)	re es ally ig d	10. Owners Form: Direct (I or Indire (I) (Instr	hip D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er								
Option to Purchase Common Shares	\$4						10/28/2	:002	10/27/2007	Common Shares	I /b bt	56		26,6	66	D				
Option to Purchase Common Shares	\$4						01/01/2	.003	10/27/2007	Common Shares	n 26,66	57		26,667		D				
Option to Purchase Common Shares	\$4						01/01/2	2004	10/27/2007	Common Shares		67		26,6	57 D					
Warrants to Purchase Common Shares	\$2						01/21/2	2004	10/31/2010	Commo Shares		(2)		7,758	7,758 ⁽²⁾		D			
Option to Purchase Common Shares	\$ 2						(3)		05/31/2009	Commo Shares		00		50,0	00	D				
Warrants to Purchase Common	\$2						12/21/2	:005	10/31/2010	Commo	n 30,593	L ⁽⁴⁾		30,59	1 ⁽⁴⁾	D				

Explanation of Responses:

- 1. Includes 2,952 shares beneficially owned by Dr. Waitz's minor children, 130,000 shares that Dr. Waitz may acquire through the exercise of stock options, and 38,379 shares that he may acquire through the exercise of certain warrants (including 720 warrants held for the benefit of Dr. Waitz's minor children).
- 2. Includes 130 warrants beneficially owned by Dr. Waitz's minor children.
- 3. 12,500 options became exercisable on June 1, 2004 and the remaining 37,500 options will become exercisable in three equal yearly installments.
- 4. Includes 590 warrants beneficially owned by Dr. Waitz's minor children.

Remarks:

/s/ Harold D. Waitz

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.