## 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

| <br> | _ | _ | - | •• | •  |      | _`` | _  | •  | ••• |    |   |    | •• |
|------|---|---|---|----|----|------|-----|----|----|-----|----|---|----|----|
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| ANNUAL STATEMENT OF CHANGES IN BENEFICIAL |
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| OMB APPRO                | OVAL      |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0362 |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |
| hours per response:      | 1.0       |  |  |  |  |  |  |  |

Form 3 Holdings Reported.

Instruction 1(b)

| Form 4  | Transactions   | Reported. | Fil   | led pursuant t<br>or Sectio             |   |                                   |   |  | urities Excha<br>Company Ad                   |                 |   |     |   |  |                           |  |  |  |  |  |
|---|--|-----------|---|---|---|-----------------------------------|---|--|---|-----------------|---|-----|---|--|---------------------------|--|--|--|--|--|
| 1. Name and Address of Reporting Person*  KARFUNKEL GEORGE            |  |           |   |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol BIOTIME INC [ BTIM ] |                                   |   |  |   |                 |   |     | S. Relationship of Reporting Person(s) to Issuer (Check all applicable)      Director X 10% Owner   |  |                           |  |  |  |  |  |
| (Last) (First) (Middle) 59 MAIDEN LANE                                |  |           |   |   | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009 |                                   |   |  |   |                 |   |     |   | Officer (give title Other (specify below) below) |                           |  |  |  |  |  |
| (Street) NEW YORK NY 10038  |  |           |   | 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 Person |  |                           |  |  |  |  |  |
| (City)  | (S   |           | Zip)  | <u> </u>                                |   |                                   |   |  |   |                 |   |     |   |  |                           |  |  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year) |  |           | 2A. Deemed<br>Execution I<br>if any                         | 2A. Deemed<br>Execution Date,           |   | 3.<br>Transaction<br>Code (Instr. |   | ed, Disposed of, or Bene 4. Securities Acquired (A) or Disp Of (D) (Instr. 3, 4 and 5) |   |                 | 5. Amour<br>Securitie<br>Beneficia  |     | of<br>ly  | Form:  | Ownership<br>Form: Direct |  | 7. Nature of Indirect Beneficial Ownership |  |  |  |
|   |  |           |   | (Month/Day                              | nrear)  | 8)                                |   | Amount   |   | (A) or<br>(D)   | Price   |     | Owned at<br>Issuer's Fi<br>Year (Instr<br>4)  | iscal  | al Indired                |  |  | str. 4)  |  |  |
| Common Shares, no par value   |  |           |   |   |   |                                   |   |  |   |                 |   | 2,7 |   | 32,217(1)  |                           | D  |  |  |  |  |
|   |  | Т         | able II - Deriva<br>(e.g.,                                  | ative Secu<br>puts, calls               |   |                                   |   |  |   |                 |   |     | Owned   |  |                           |  |  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                   | 2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year) |           | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code (Instr.<br>8) |   |                                   | Expirati<br>(Month/<br>red<br>sed<br>3, 4 |  | e Exercisable and<br>tion Date<br>n/Day/Year) |                 | 7. Title and Amou<br>of Securities<br>Underlying<br>Derivative Securi<br>(Instr. 3 and 4) |     | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   |  |                           | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) |  | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|   |  |           |   |   | (A)   | (D)                               | Date<br>Exercisa                          | able   | Expiration<br>Date                            | Title           | Amour<br>or<br>Number<br>of<br>Shares   | er  |   |  |                           |  |  |  |  |  |
| Warrant to<br>Purchase<br>Common<br>Shares                            | \$2  |           |   |   |   |                                   | 05/13/20                                  | 009  | 10/31/2010                                    | Commo<br>Shares |   | 000 |   | 1,100  | ,000                      | D  |  |  |  |  |
| Warrant to<br>Purchase<br>Common<br>Shares                            | \$2  |           |   |   |   |                                   | 07/10/20                                  | 009  | 10/31/2010                                    | Commo<br>Shares | n 1,100,0   | 000 |   | 1,100,000  |                           | D  |  |  |  |  |
| Warrant to<br>Purchase<br>Common                                      | \$2  |           |   |   |   |                                   | 08/20/20                                  | 009  | 10/31/2010                                    | Commo<br>Shares |   | 00  |   | 15,0   | 00                        | D  |  |  |  |  |

## **Explanation of Responses:**

1. Excludes 2,215,000 shares that Mr. Karfunkel may acquire upon the exercise of warrants.

## Remarks:

/s/ George Karfunkel

02/11/2010

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).