UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (date of earliest event reported): **May 14, 2015**

BioTime, Inc.

(Exact name of registrant as specified in its charter)

California	**1-12830**	**94-3127919**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

1301 Harbor Bay Parkway
Alameda, California 94502
(Address of principal executive offices)

(510) 521-3390
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Forward-Looking Statements

Any statements that are not historical fact (including, but not limited to statements that contain words such as "may," "will," "believes," "plans," "intends," "anticipates," "expects," "estimates") should also be considered to be forward-looking statements. Additional factors that could cause actual results to differ materially from the results anticipated in these forward-looking statements are contained in BioTime's periodic reports filed with the Securities and Exchange Commission ("SEC") under the heading "Risk Factors" and other filings that BioTime may make with the SEC. Undue reliance should not be placed on these forward-looking statements which speak only as of the date they are made, and the facts and assumptions underlying these statements may change. Except as required by law, BioTime disclaims any intent or obligation to update these forward-looking statements.

This Report and the accompanying Exhibit 99.1 shall be deemed "furnished" and not "filed" under the Securities Exchange Act of 1934, as amended.

Section 7 - Regulation FD

Item 7.01 - Regulation FD Disclosure

Beginning May 14, 2015, Michael D. West, our Chief Executive Officer, will provide an update on regenerative medicine product development underway at BioTime and its subsidiaries in certain private meetings. Dr. West's presentation will include the information in the slides attached to this report as Exhibit 99.1.

Section 9 - Financial Statements and Exhibits

Item 9.01 - Financial Statements and Exhibits.

Exhibit Number	Description
99.1	Slide presentation

SIGNATURES

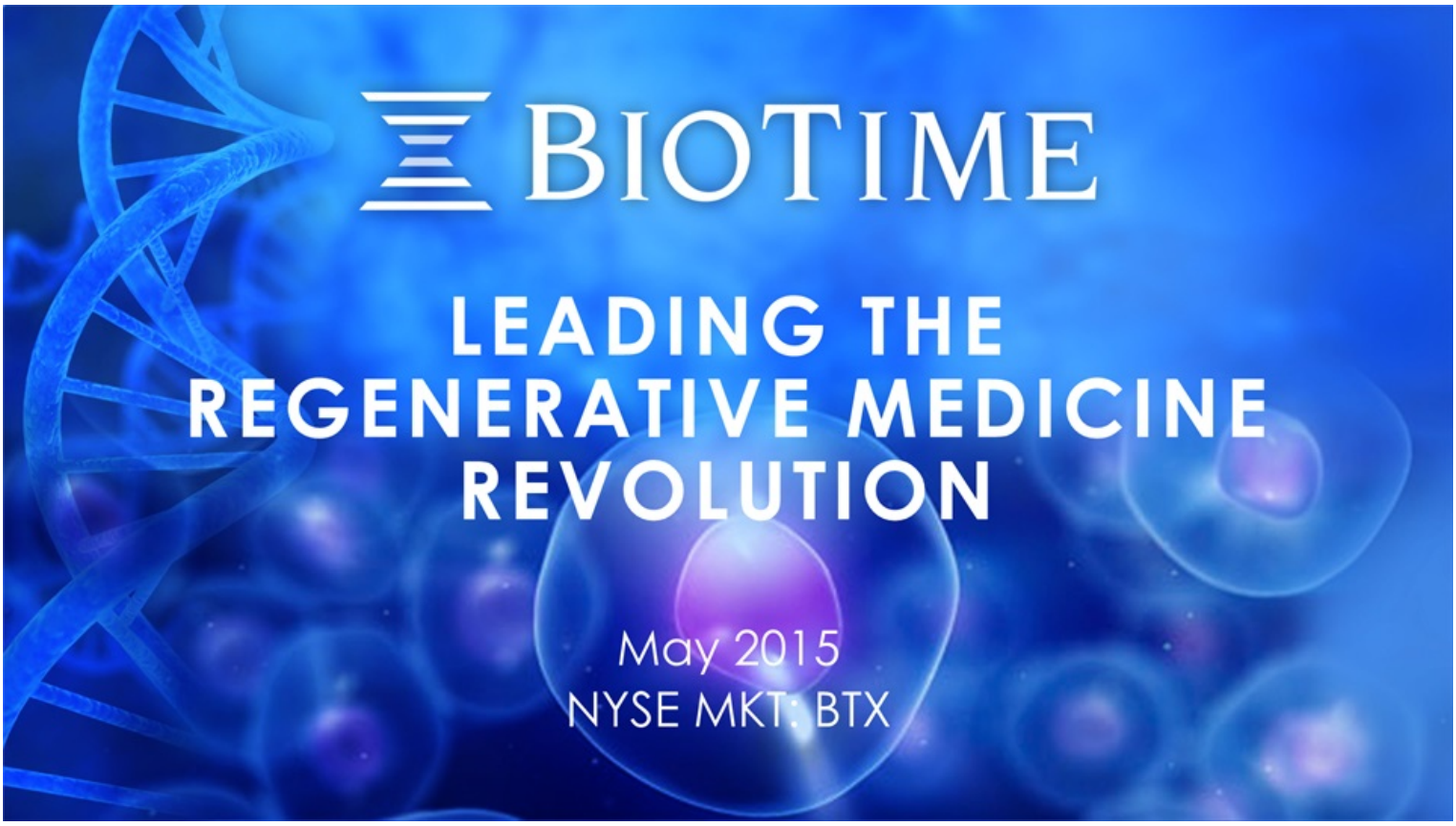
Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

BIOTIME, INC.

Date: May 14, 2015

By: s/Michael D. West
Chief Executive Officer

Exhibit 99.1


BIOTIME
LEADING THE REGENERATIVE MEDICINE REVOLUTION
May 2015
NYSE MKT: BTX

Safe Harbor Statement

The matters discussed in this presentation include forward looking statements which are subject to various risks, uncertainties, and other factors that could cause actual results to differ materially from the results anticipated. Such risks and uncertainties include but are not limited to the success of BioTime in developing new stem cell products and technologies; results of clinical trials of BioTime products; the ability of BioTime and its licensees to obtain additional FDA and foreign regulatory approval to market BioTime products; competition from products manufactured and sold or being developed by other companies; the price of and demand for BioTime products; and the ability of BioTime to raise the capital needed to finance its current and planned operations. Any statements that are not historical fact (including, but not limited to statements that contain words such as "will," "believes," "plans," "anticipates," "expects," "estimates") should also be considered to be forward-looking statements. Forward-looking statements involve risks and uncertainties, including, without limitation, risks inherent in the development and/or commercialization of potential products, uncertainty in the results of clinical trials or regulatory approvals, need and ability to obtain future capital, and maintenance of intellectual property rights. As actual results may differ materially from the results anticipated in these forward-looking statements they should be evaluated together with the many uncertainties that affect the business of BioTime and its subsidiaries, particularly those mentioned in the cautionary statements found in BioTime's Securities and Exchange Commission filings. BioTime disclaims any intent or obligation to update these forward-looking statements.

Investment Higlights

BUILDING VALUE AT BIOTIME

RIGHT TIME to consolidate leadership in regenerative medicine

ROBUST PIPELINE addressing large, degenerative diseases

UNIQUE CELL DELIVERY PLATFORM: Renevia™ pivotal trial underway

MULTIPLE CLINICAL TRIALS advancing products to commercialization

UNLOCKING SUBSIDIARY VALUE (NYSE MKT: AST, $230M[1])

LEADERSHIP TEAM with clinical development, commercial expertise

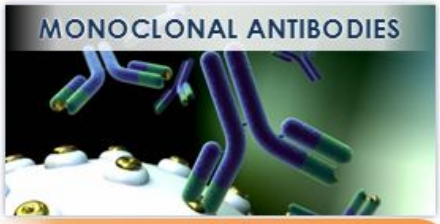
[1] Fair value of AST shares held by BioTime based on 68% ownership on May 1, 2015

Regenerative Medicine: The Next Revolution

$75BN
CURRENT GLOBAL MARKET

Gene cloning technology developed

1974



$44BN
CURRENT GLOBAL MARKET

Hybridoma technology developed

1975

2010: FIRST-IN-HUMAN TRIAL OF OPC1

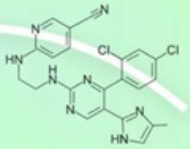
Isolation of pluripotent stem cells

1998

1970 1980 1990 2000 2010 2015

BIOTIME

Cell Therapy Has Long Asset Life Potential



Small Molecules
Technology in decline
Generics

Recombinant Proteins
Technology in maturity phase
Biosimilars

Monoclonal Antibodies
Technology in growth phase
Biosimilars

hESC Master Cell Bank

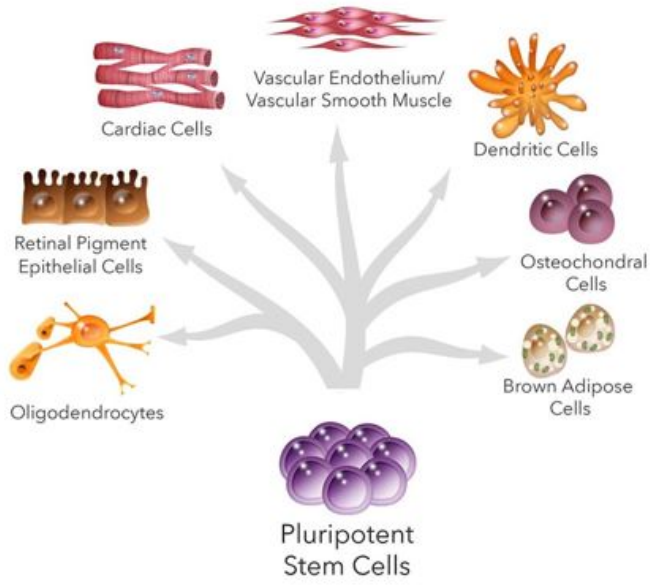
Product

Cell Therapy
Technology in clinical trials phase
Lack of regulatory pathway for generics or biosimilars

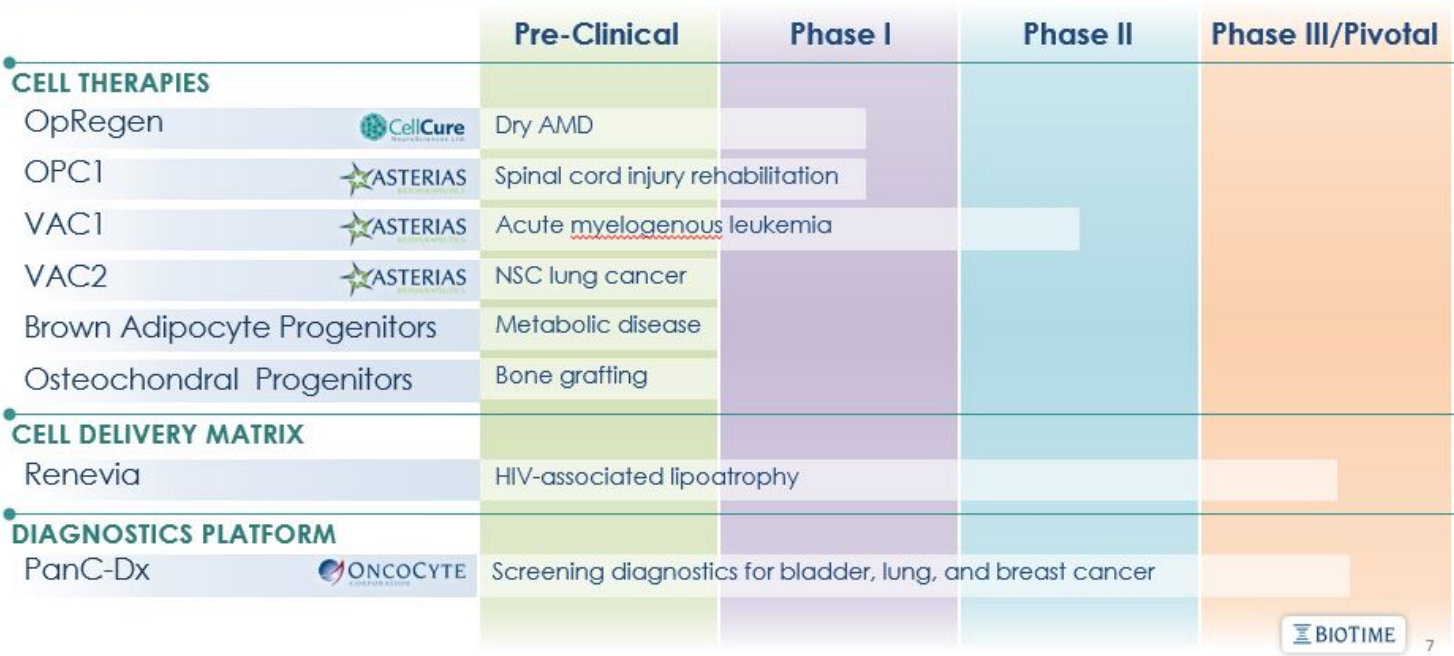
BIOTIME

Stem Cell Platform Enables Multiple Opportunities

- Pluripotent stem cell platform allows industrial manufacture of all human cell types
- Significant competitive barriers: >600 patents/apps worldwide
- Large degenerative disease markets
- Multiple near-term clinical milestones
- BioTime and subsidiaries have multiple opportunities for value creation



Broad Portfolio Advancing in Clinic

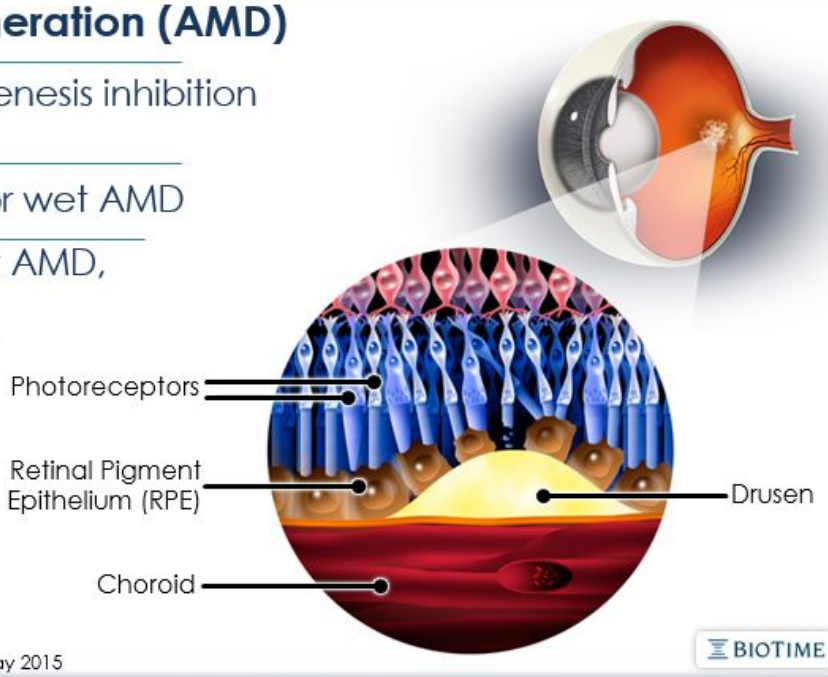


BIOTIME

OpRegen has Proven Mechanism in Dry AMD

Age-Related Macular Degeneration (AMD)

- Photoreceptor function, angiogenesis inhibition depend on RPE cells
- Loss of RPE cells can cause dry or wet AMD
- Dry AMD frequently leads to wet AMD, opportunity to prevent dry AMD
- OpRegen integrates into subretinal space to replace missing RPE cells
- Data[1] show OpRegen's high purity, safety and efficacy in leading animal models

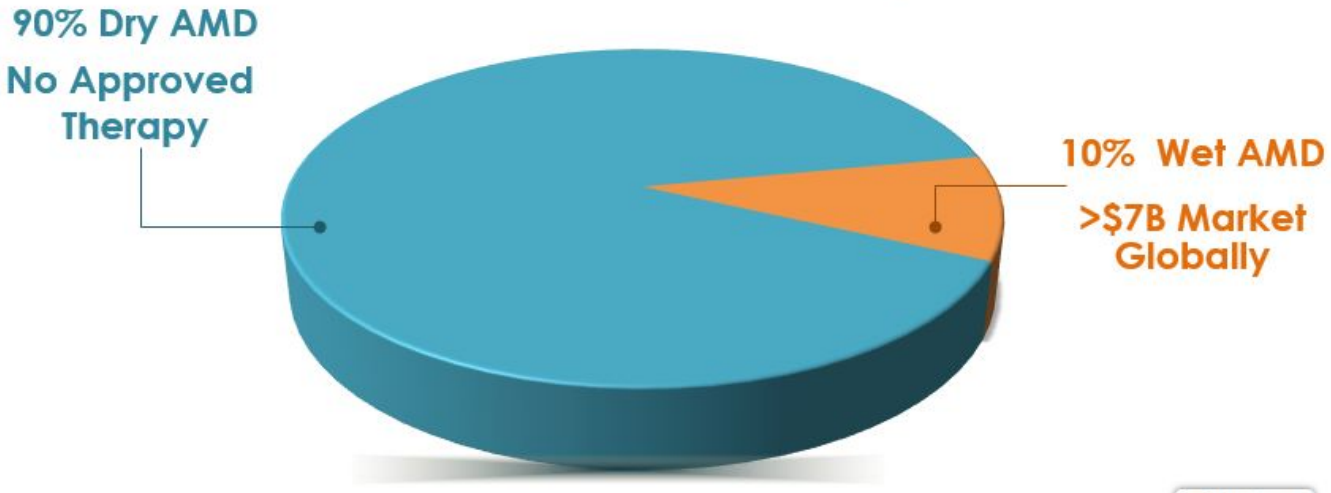


[1] The Association for Research in Vision and Opthalmology, May 2015

Targeting Larger Dry AMD Opportunity

hES Cell-Derived RPE Cell Replacement Therapy for Dry AMD

800,000 Cases in U.S. Annually



OpRegen Phase I/IIa: First Patient Dosing 2Q15

Phase I/IIa Study ● Dose escalation safety and efficacy study of OpRegen transplanted subretinally in patients with advanced dry-form of AMD (Geographic Atrophy)

Open label, non-randomized, sequential, single center trial

Dose and Administration ● Single escalating doses of cells in saline injection into subretinal space

Study Site ● Hadassah University Medical Center, Jerusalem, Israel

TRIAL DESIGN

Part 1

Cohort 1 ● 3 Patients BCVA 20/200 or less
50,000 cells

Cohort 2 ● 3 Patients BCVA 20/200 or less
200,000 cells

Cohort 3 ● 3 Patients BCVA 20/200 or less
500,000 cells

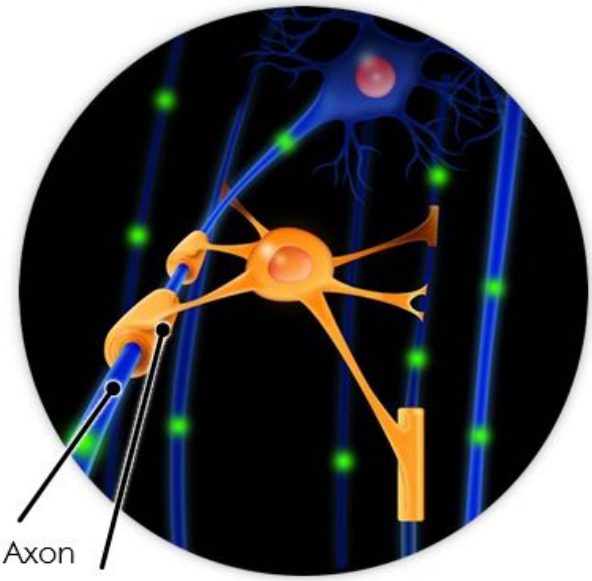
Part 2

Cohort 4 ● 6 Patients BCVA 20/100 or less
500,000 cells

OPC1: Promise in Spinal Cord Rehabilitation

Oligodendrocyte Progenitors

- Demyelination of neurons impairs rehabilitation from spinal cord injury, plays a role in multiple sclerosis, other diseases
- Transplantation of oligodendrocyte progenitors can remyelinate damaged nerve axons, improving recovery from spinal cord injury in extensive rat model studies
- Phase I study demonstrated OPC1's safety and feasibility, with five subjects followed for >4 years after receiving 2 mil OPC1 cells



OPC1: Phase I/IIa Trial Underway

Indication: Complete Cervical Spinal Cord Injury

TRIAL DESIGN
Sequential Cohort, Dose Escalation

Dose three pts with two million AST-OPC1 cells

after 30 Days

dose five pts with 10 million AST-OPC1 cells

after 30 Days

dose five pts with 20 million AST-OPC1 cells

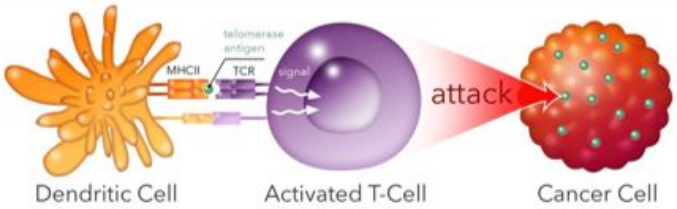
Subject to FDA clearance, expansion of second and third dose cohorts

May result in pathway to registration study

Objectives ● Safety and Preliminary Efficacy

- Assess effects on upper extremity motor function
- Investigate effects on additional measures of neurological function

VAC1: Proof-of-Concept in Multiple Cancers



- Telomerase is an unprecedented target - abnormally expressed in ~95% of cancer types
- Patient-specific dendritic cells can train immune cells to attack cancer
- Phase I study in prostate cancer appeared safe, increased PSA times[1]
- Phase II study in AML appeared safe, increased DFS[2]

VAC2 is the next-generation allogeneic vaccine advancing toward clinic studies

Off-the-shelf hES cell-derived DCs could improve QC, reduce costs, and speed delivery of therapy to patients

[1]J. Immunol 2005, 174:3798 [2]Khoury ASH 2010

Need for Cell Delivery is Significant

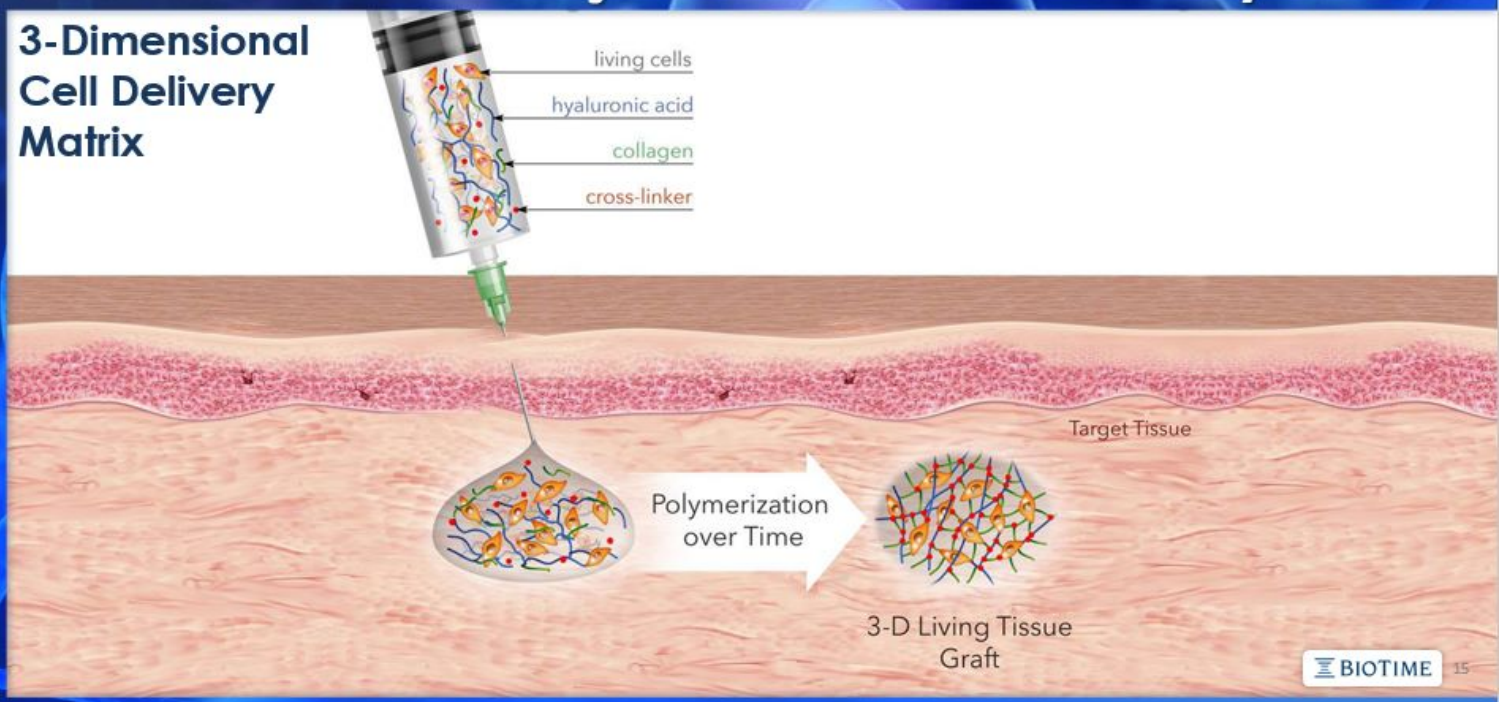
Most human cells naturally die if not rapidly attached to matrix

Most cell therapies without matrix support have reported engraftment of less than 5%

Current known options not easily adapted to include cells and matrix for delivery to tissues *in vivo* using a small gauge syringe

Renevia™: Novel Injectable Cell Delivery Matrix

3-Dimensional Cell Delivery Matrix



Applications in Multiple Types of Facial Atrophy

- Renevia™ designed to safely produce 3-D tissue *in vivo*
- Cells remain where placed by surgeon
- ~350,000 in EU have HIV-related lipoatrophy
- $5,000-7,000 spent per patient annually for currently available treatment options
- Trauma or age-related lipoatrophy even more prevalent
- Many other potential applications in combination with adult and ESC therapies

Age-Related Lipoatrophy

Renevia™: Pivotal Trial Initiated 1Q15

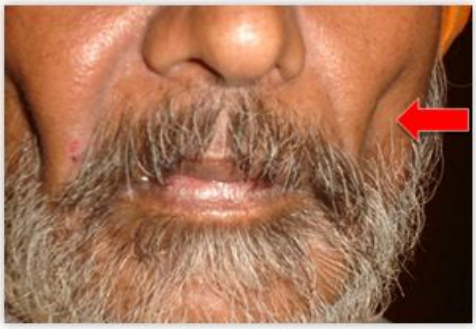
Pivotal trial to support CE mark for use in HIV-associated lipoatrophy in combination with autologous lipotransfer

TRIAL DESIGN
Multicenter, randomized, controlled, single-blind trial

Treated vs. delayed treatment control
25 completers in each group with treatment effect measured at 1, 3, and 6 months

Primary Endpoint
Increase in skin thickness as measured by ultrasound at 6 months

Secondary Endpoint
- Mid-face volume deficit score -
- Global aesthetic improvement scale -



HIV-Related Lipoatrophy

Enrollment completion expected within a year

PanC-Dx™: Platform with Broad Oncology Potential

Noninvasive Cancer Screening Diagnostics

- Less invasive, easily implemented, novel blood and urine-based diagnostic
- Potential for expanded use in numerous solid tumor types
- Interim data presented on breast and bladder cancer in April 2015; lung data expected in 2H15

  Final clinical validation data expected in 4Q15 (bladder), in 1Q16 (breast)

BREAST CANCER	BLADDER CANCER	LUNG CANCER
3.5 Million Diagnostic Mammograms Annually in U.S.	**1.5** Million Tests Annually in U.S.	**8** Million Patients Screened Annually in U.S.

Financial Strength for Growth

ASSETS

$283M
Liquid Assets

- **$26M** Cash[1]
- **$230M** AST shares[2] (BTX owns 68%)
- **$27M** Registered BTX shares[2] held by subsidiaries

- **No Debt**
- **~$452M** BioTime Market cap[3]
- **~45%** Shares owned by long-term stockholders

[1] At March 31, 2015, [2] Fair value of AST shares and BTX shares based on May 1, 2015 data, [3] As of May 1, 2015

Financial De-Risking

AST-OPC1

CIRM

$14.3 million Grant

Includes funding for:

- Execution of Phase 1/2a study
- Assay development
- Facilities and indirect costs

AST-VAC2

CANCER RESEARCH UK

$20-30 million

- CRUK provides funding for personnel, cGMP manufacturing, regulatory filing, Phase 1/2a trial
- Asterias has first option to reacquire program on preset, reasonable terms or majority revenue share

OpRegen

OCS-Office of the Chief Scientist
MINISTRY OF ECONOMY

~$8 million

- Funding of pre-clinical studies leading to IND filing
- Nondilutive grant with potential for follow-on funding

$42-52 million of Total Non-Dilutive Funding

Significant Stakes in Key Subsidiaries

% BTX Ownership as of March 31, 2015

[1] Fair value of AST shares held by BioTime based on May 1, 2015 [2] Includes shares owned by BioTime, Asterias, and ESI

Leadership Team
Scientific, Clinical Development, Commercial Expertise

LEADER	ROLE	EXPERIENCE
Michael D. West, Ph.D.	President and Chief Executive Officer	Ocata Therapeutics, Geron (Founder)
Adi Mohanty	Chief Operating Officer	Shire, Baxter
Robert W. Peabody	Senior Vice President, Chief Financial Officer	Ocata Therapeutics, Ecolab

EXPERIENCED BOARD OF DIRECTORS
+ 3 RECENT ADDITIONS WITH COMMERCIAL EXPERIENCE

+ **Stephen L. Cartt** (Questcor Pharmaceuticals, Inc.)
+ **Michael H. Mulroy** (Mallinckrodt and Questcor)
+ **Angus C. Russell** (Shire, Former Chief Executive Officer)

Near-Term Value Creation

POSITIONED FOR SUCCESS

- **Results** from multiple clinical studies
- **Commercializing** cancer screening diagnostics
- **Completing** Renevia pivotal clinical trial enrollment
- **Implementing** clinical and financial de-risking strategies
- **Unlocking** subsidiary company value for BioTime shareholders
- **Building** management & Board for commercial phase


BIOTIME
LEADING THE
REGENERATIVE MEDICINE
REVOLUTION
NYSE MKT: BTX