FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL										
	OMB Number:	3235-0287									
l	Estimated average bu	rden									

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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)				
(Last) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)								Officer	(give title	below)		
1301 HARBOR BAY PARKWAY					03/20/2009									Vice President			
(Street) ALAMEDA CA 94502					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				
(S	tate)	(Zip)		=										iled by More than One Reporting		oorting	
	Tak	le I - No	n-Deriv	ativ	e Se	curit	ies Ac	quired	, Dis	posed o	f, or Ber	neficiall	y Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		Disposed Of (D) (Instr. 3,		l (A) or . 3, 4 and 5	Securitie Benefici Owned F	rities eficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Transact	tion(s)		(Instr. 4)	
Common Shares, no par value				05/28/2009						45,000	A	\$2	\$2 299,270		D		
Shares, no	par value		05/28/2009					S		2,928	D	\$2.770	3 296,	342(1)	D		
Common Shares, no par value				05/28/2009						5,000	D	\$2.8	\$2.8 291,		D		
Shares, no	par value		05/28	05/28/2009						4,700	D	\$2.75	\$2.75 286,64		D		
Common Shares, no par value				05/28/2009						1,000	D	\$2.71	285,642 ⁽¹⁾		D		
Common Shares, no par value				05/28/2009						2,600	D	1	9 283,042(1)		D		
Common Shares, no par value					+			S		1,000	D				D		
					+			+		 	-	-	+				
								-		1 1	_				-		
								+		<u> </u>	+	<u> </u>	+			-	
Snares, no									<u> </u>					2/0(1)	П		
		iabie II -											Owned				
	Conversion Date Execution or Exercise (Month/Day/Year) if any Control of Cont		Date,	Code (Inst				Expiration Date			of Securities Underlying		8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	Ownersi Form: Direct (Dor Indirect) (I) (Instr.	t (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisa			Title	Amount or Number of Shares					
\$2	05/28/2009			М			45,000	(2)		05/31/2009	Common Shares	45,000	\$0.00	5,000) D		
\$2	05/29/2009			M			5,000	(2)		05/31/2009	Common Shares	5,000	\$0.00	0	D		
	Shares, no	Shares, no par value	Shares, no par value	Shares, no par value Shares, n	IBERG HAL (First) (Middle) RBOR BAY PARKWAY Table I - Non-Derivative (e.g., puts, por exercise of perivative security Shares, no par value Shares, no	Shares, no par value	Shares, no par value Shares, no par value	RBOR BAY PARKWAY Table I - Non-Derivative Securities Action Date (Month/Day/Year) Shares, no par value Shar	Shares, no par value 05/28/2009 Shares, no par value 05/28	RBERG HAL	Shares, no par value	BIOTIME INC	Common par value	BIOTIME INC	Conversion Con	Check at applicable Check at applicable	

- 1. Does not include shares that may be acquired upon the exercise of certain stock options, and shares that may be acquired upon the exercise of certain warrants.
- 2. This option was fully vested.

Remarks:

/s/ Hal Sternberg

05/29/2009

** 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.