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): **June 28, 2017**

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.)

1010 Atlantic Avenue
Suite 102
Alameda, California 94501
(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))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company [ ]

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. [ ]

Statements made in this Report that are not historical facts may constitute forward-looking statements that are subject to risks and uncertainties that could cause actual results to differ materially from those discussed. Such risks and uncertainties include but are not limited to those discussed in this report and in BioTime's other reports filed with the Securities and Exchange Commission. Words such as "expects," "may," "will," "anticipates," "intends," "plans," "believes," "seeks," "estimates," and similar expressions identify forward-looking statements.

References in this Report to "BioTime," "we" or "us" refer to BioTime, Inc.

This Report and the accompanying Exhibit 99.1 shall be deemed "furnished" and not "filed" under Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liability of that section, and shall not be incorporated by reference into any filings made by BioTime under the Securities Act of 1933, as amended, or the Exchange Act except as may be expressly set forth by specific reference in such filing.

Section 7 - Regulation FD

Item 7.01 - Regulation FD Disclosure

On June 28, 2017, BioTime presented information on product development events and plans and other matters to investors and may also present some or all of the information to shareholders at its 2017 Annual Meeting of Shareholders on June 29, 2017. The presentation includes 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

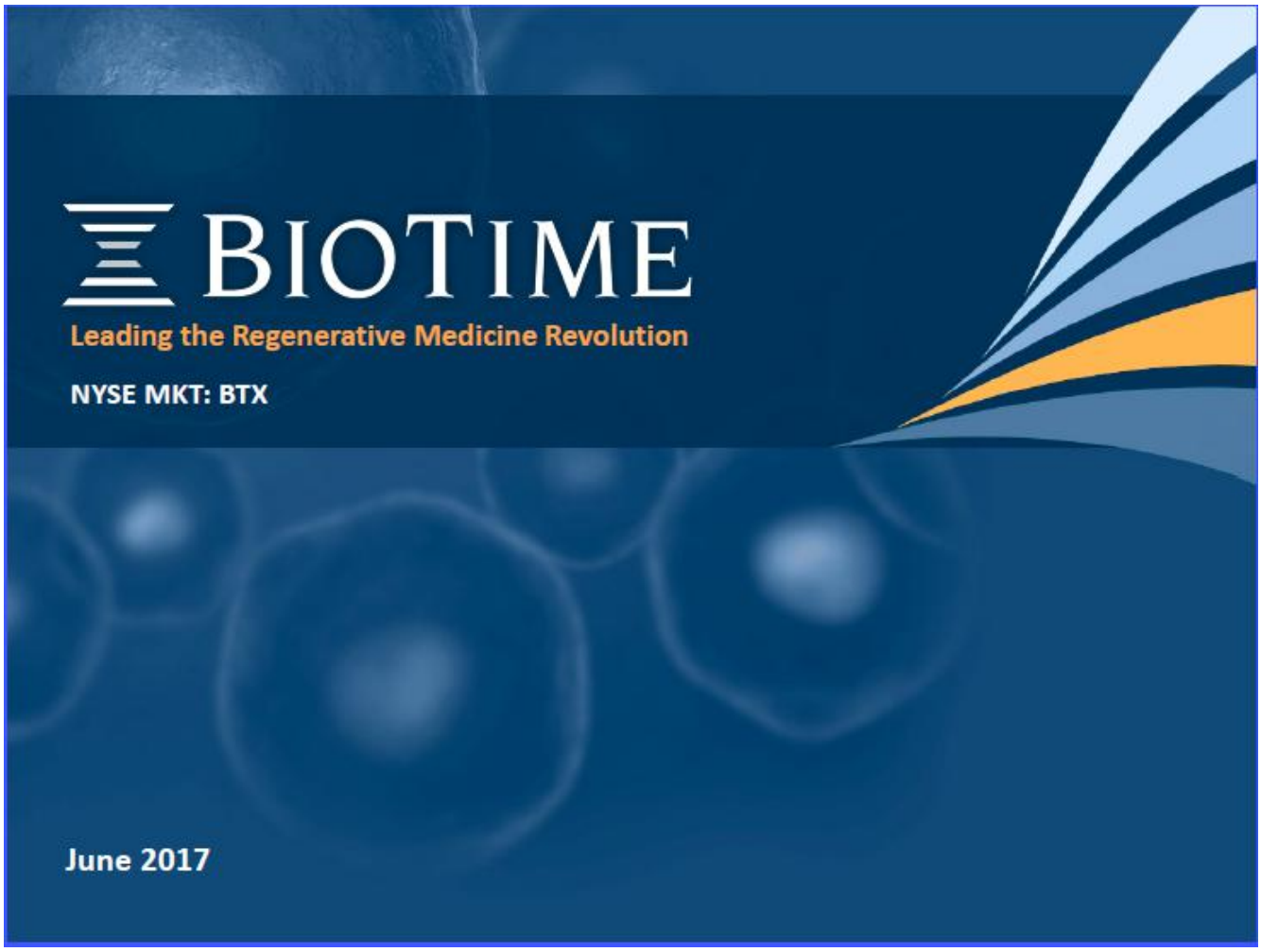
SIGNATURES

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: June 28, 2017

By: */s/ Adi Mohanty*
Co-Chief Executive Officer


BIOTIME
Leading the Regenerative Medicine Revolution
NYSE MKT: BTX
June 2017

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.

BIOTIME Investment Considerations

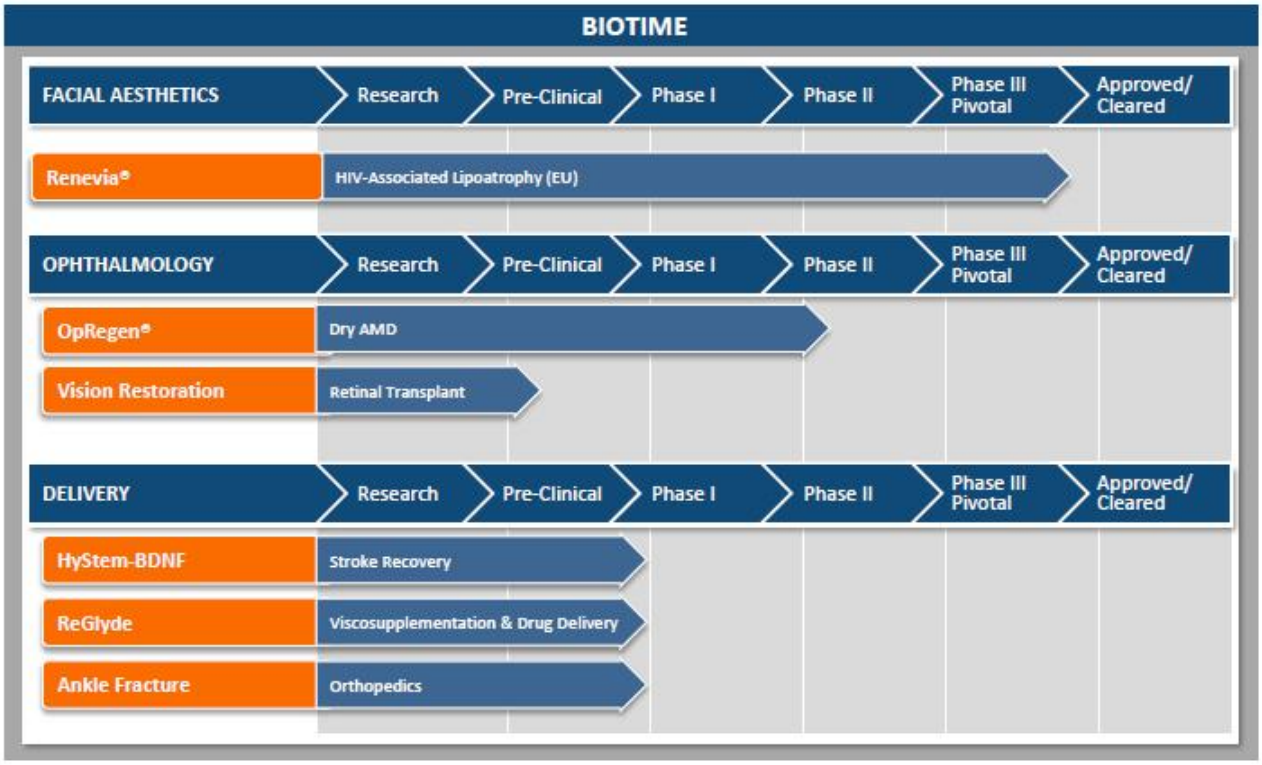
- Multiple Programs @ Various Stages of Development
  - Not dependent on only one program or technology
- Late-Stage – Near Commercial Product
  - Renevia & Lung Cancer Dx could be commercial w/in 1 yr
- Large Market Opportunities
  - **Renevia** (Aesthetics) addresses 1.5M procedures at $8K-$10K in US alone
    - EU Registrational Study Positive Final Data Reported 6/14/17
  - **OpRegen**: (Dry-AMD) Addresses Potential Multi-Billion Dollar Market Opportunity (9 times Wet-AMD)
    - New Human Data to Date Strongly Positive
- Numerous Milestones and Data During 2017
- Asterias and OncoCyte positions valued at ~$155 Million

ASTERIAS BIOTHERAPEUTICS ONCOCYTE

2017 Milestones

	OpRegen®	Renevia®	OPC-1 in Spinal Cord Injury	Cancer Diagnostics
1H '17	• Data at ARVO • US Clinical Trial Site Initiation • Seeking DSMB Approval to Start Cohort 3	• Completed Pivotal Trial Enrollment • Completed Pivotal Trial • Reported Positive Topline Efficacy Data	• 6-Month & 9-Month Data from AIS-A Cohort 2 (10M Cells)	• Lung Data at ATS • Breast Cancer data • CLIA lab filing
2H '17	• Report 6-Month Cohort 2 Data • Complete Cohort 3 • Data from early Cohort 3 • Seeking DSMB Approval to Proceed to Cohort 4	• File CE Mark in Europe • Commercialization plan • Asia and US strategy details • Non HIV trial data	• 12-Month Data from AIS-B Cohort 2 (10M Cells) • 6-Month Data from AIS-A Cohort 2 (10M Cells) • 6-Month Data from AIS-B Cohort 1 (20M Cells)	• CLIA Lab Cert • Lung Cancer Test Launch • Breast Cancer Test – Complete 300-Patient Study

Advancing Regenerative Science



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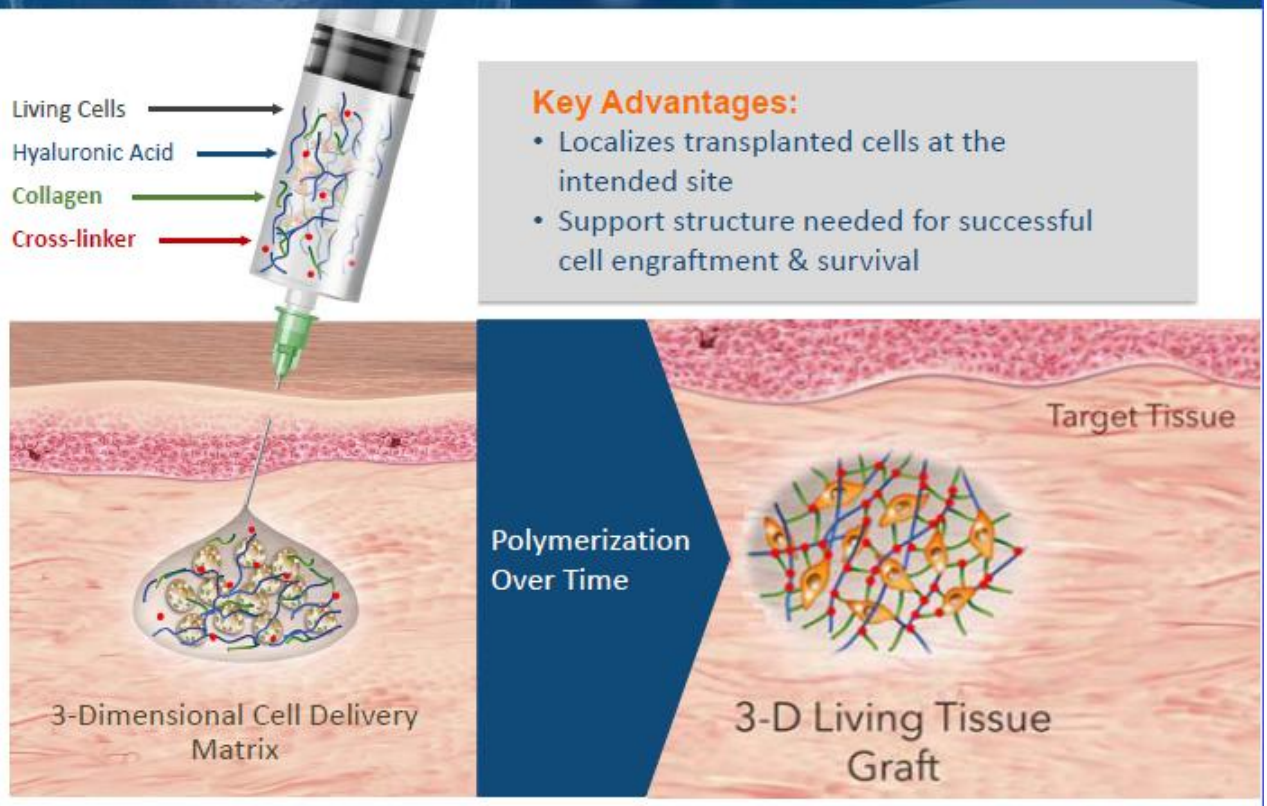
Renevia®: Significant Need for Cell Delivery Matrix



Key Advantages:

- Localizes transplanted cells at the intended site
- Support structure needed for successful cell engraftment & survival

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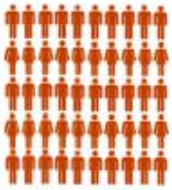
Renevia-02: Pivotal Trial Design

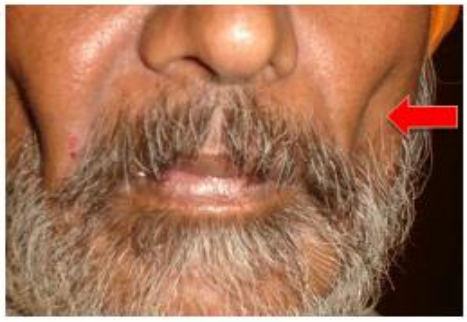
- Multicenter, randomized, controlled trial

PRIMARY ENDPOINT

Increase in hemifacial volume as measured by 3D image scan at 6 months, compared to untreated patients



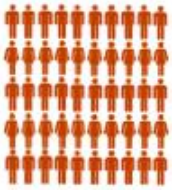
Treatment Group



30' → 24h → 48h → 72h → 1s → 2s → 1M → 3M → 6M

N ≤ 80

30' → 24h → 48h → 72h → 1s → 2s → 1M → 3M → 6M



No Immediate Surgery for 6 months

Delayed Treatment Group

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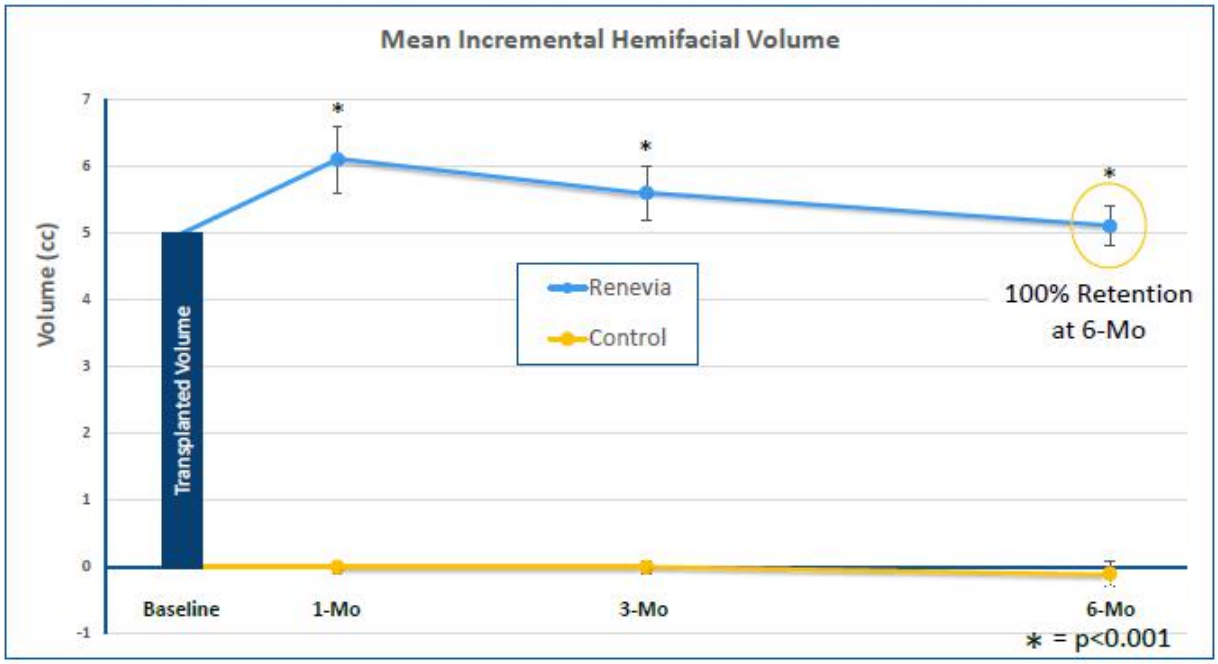
Topline Data:
Mean Incremental Hemifacial Volume Over Time



Serious Adverse Events Procedure arm: None
Control arm: 1 out of 30 (3.3%)

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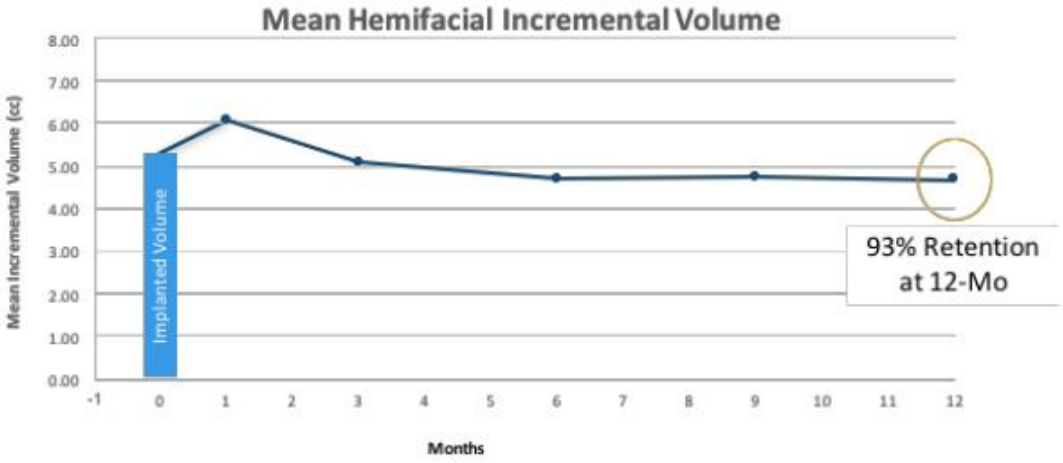
Run-In Patients:
High rate of implanted volume at 12-months



- Run-in patients (n=7 at 12-months) – patients in which the transplant technique was 'practiced' at each of the clinical sites
- Incremental volume determined by same 3D photographic volumetric assessment methodology as used with trial patients

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Renevia®: Beyond HIV-Related Facial Lipoatrophy

- Designed to regenerate 3-D adipose tissue
- **Renevia**® – Potential for long-lasting and "natural" outcome by potentially enabling the growth of new facial tissue
- **Renevia**® could enable true regenerative aesthetics

Illustration Only:
Age-Related
Lipoatrophy

Renevia:
A flexible platform for plastic surgeons

As a flexible facial implant platform, Renevia could be a compelling 'exclusive' platform for Plastic Surgeons

Use	Description	Potential Benefits
Renevia + SVF	• Renevia combined with SVF • Same procedure as pivotal trial	• Could be the higher-end offering – *Regenerative Aesthetics* • Potential longer lasting volume effects • Natural looking and texture volume restoration
Renevia + Fat	• Renevia combined with micronized fat as an alternative to traditional facial fat transfer	• Could offer enhanced handling and 'sculptability' over fat alone • Potential longer lasting volume effects than traditional fat alone • Lower volume of lipoaspirate required enables in-office procedure • Natural looking and texture restoration
Renevia as a Filler	• Renevia used without any added cells as a higher volume filler	• Positioned as a higher-volume filler similar to JUVÉDERM VOLUMA • Uses the same Renevia presentation as when combined cells • Excellent biocompatibility and uniform look and feel without nodules or bumps

Traditional fillers cannot be combined with cells

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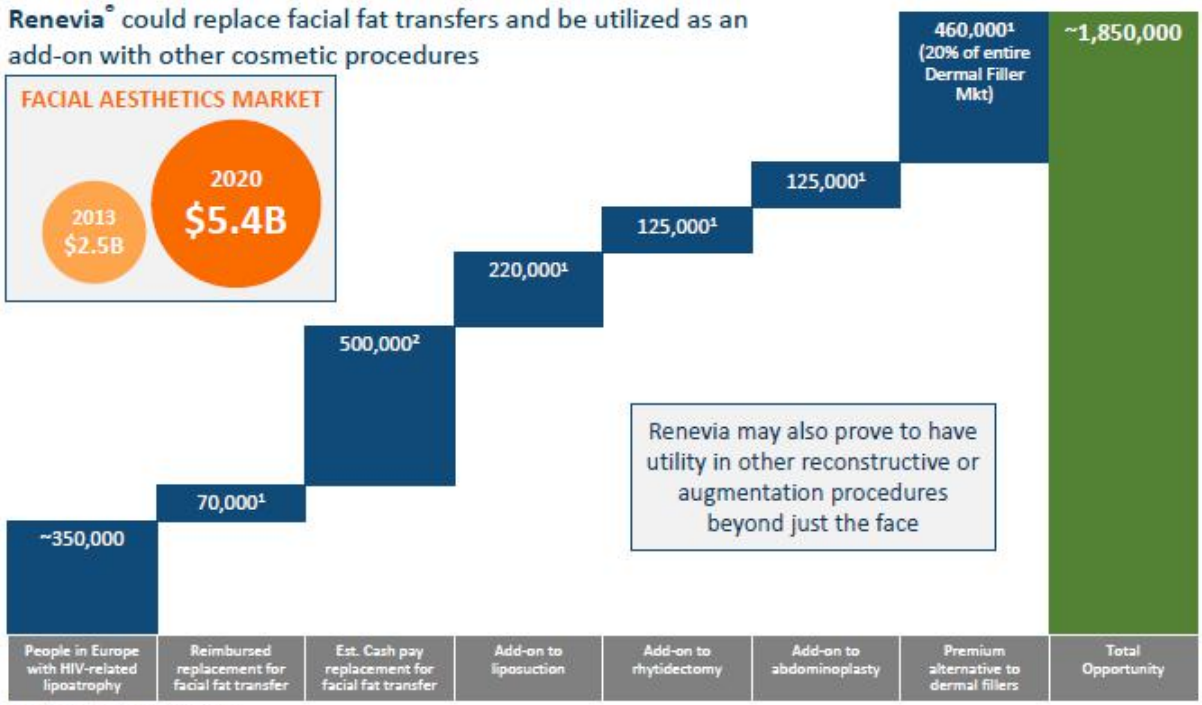
Renevia® Market Potential

Renevia® could replace facial fat transfers and be utilized as an add-on with other cosmetic procedures



1. ASPS 2014 Plastic Surgeon Statistics
2. BioTime Estimate Based Upon Plastic Surgeon Input

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Renevia®: Next Steps

	Q3			Q4		
	J	A	S	O	N	D
Assitional Study Data	12-Mo and Additional Data					
Aronowitz IIS						
Llull Study						
CE Mark Filing						
US and RoW Dev Plans						

- **An investigator-initiated study to assess greater Renevia+SVF volumes in a non-HIV population**
  - Investigator – Joel Aronowitz, MD, Diplomate American Board of Plastic Surgery
- **A sponsored study to assess the use of Renevia: 1) by itself, 2) in combination with micronized fat, 3) in combination with SVF at higher volumes in non-HIV**
  - Investigator – Ramon Llull, MD, Director of Stem Europe Mallorca Center, Spain

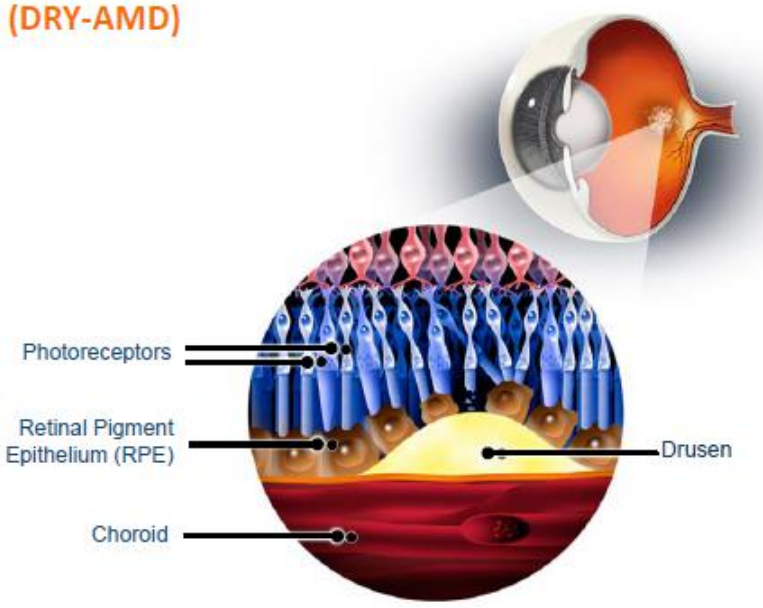
Renevia® in Facial Aesthetics

KEY 2017 MILESTONES

- Complete pivotal EU HIV-LA trial – 1H17 ☑
- Release data from pivotal trial – mid-17 ☑
- File for EU CE mark approval with HIV data 2H17
- Data from treatment of non HIV facial fat loss
- Detailed plan for other major markets, i.e. S. Korea, China, US and beyond

OpRegen® Overview

CELL REPLACEMENT IN DRY AGE-RELATED MACULAR DEGENERATION (DRY-AMD)



- Loss of RPE cells in the eye may cause both dry or wet AMD
- The leading cause of blindness in people over age 60
- *OpRegen*®: off-the-shelf injection as a one-time therapy
- *OpRegen*® cells integrate into subretinal space to replace missing RPE cells
- FDA Fast-Track designation

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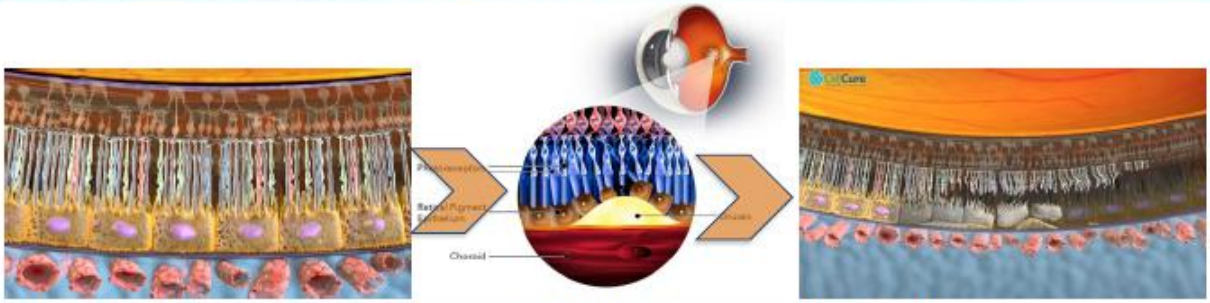
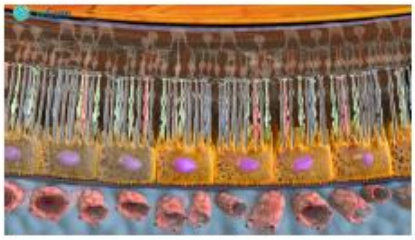
OpRegen® cell replacement therapy may repair the damaged retina in dry-AMD



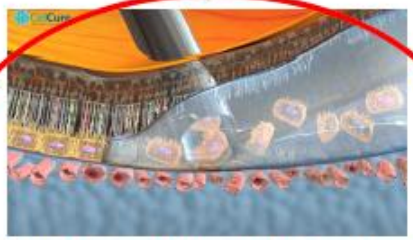
Normal Retina

Dry-AMD: Drusen depots

RPE death, Photoreceptor damage



RPE organization, Photoreceptor recovery



OpRegen: RPE cell suspension

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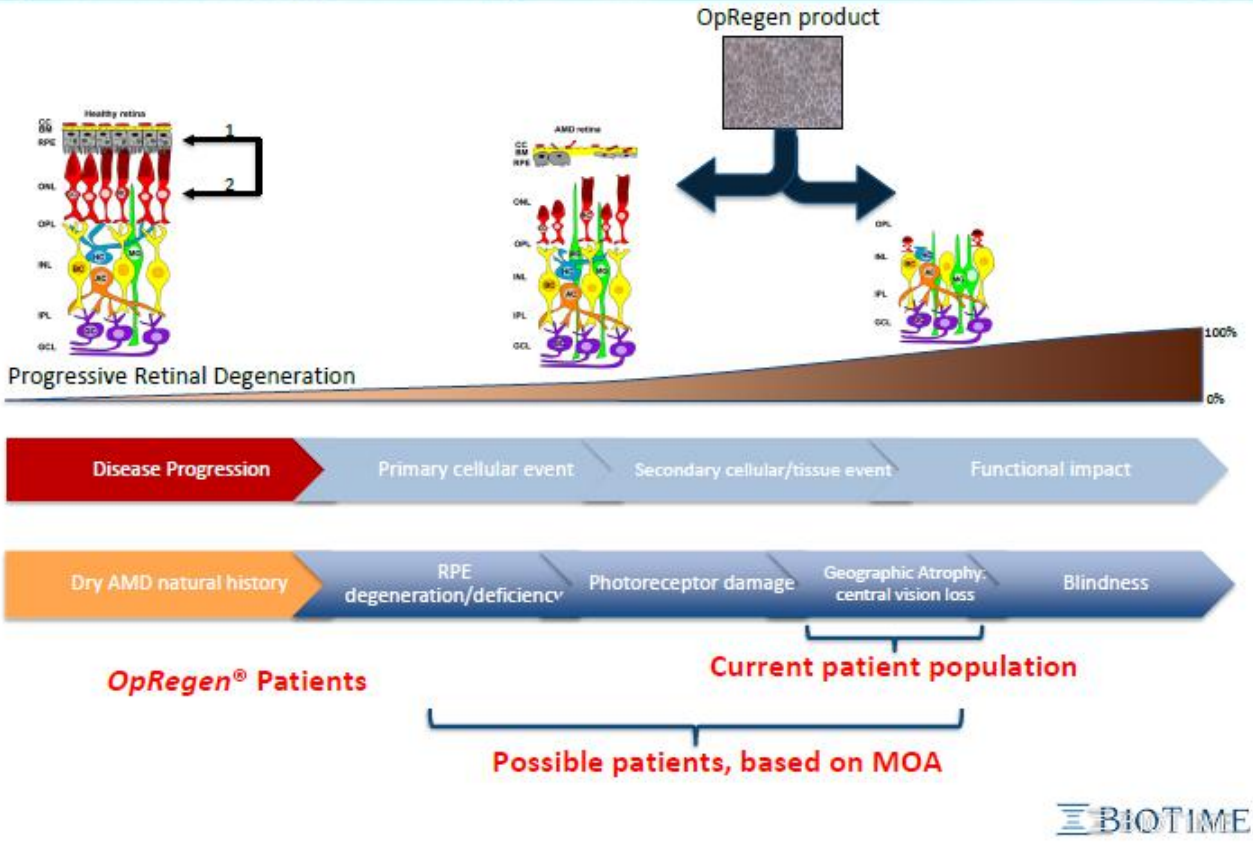
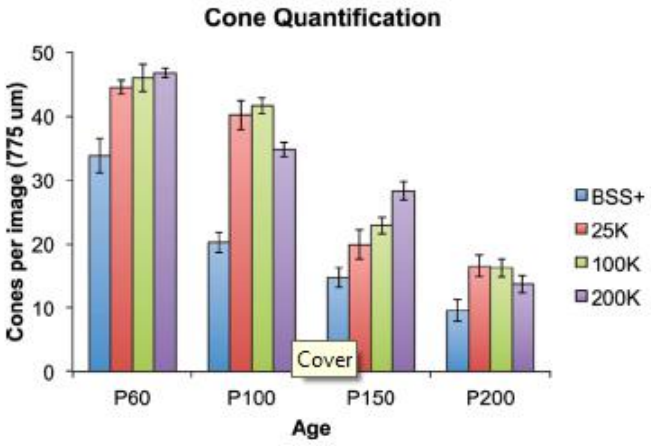
AMD is a progressive disease that could be addressed early with OpRegen



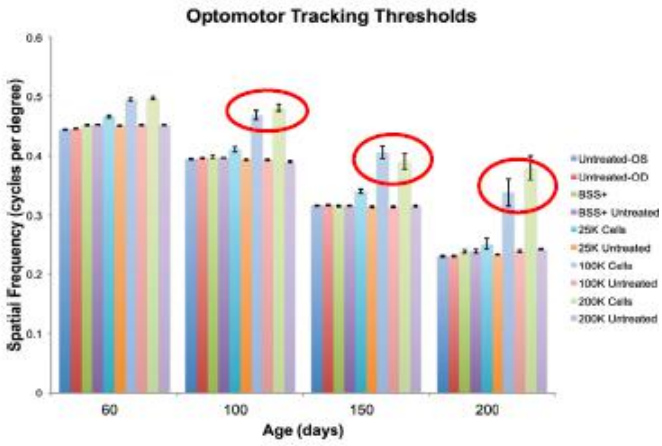
BIOTIME

OpRegen preclinical animal data supports structural and functional improvement in RCS rat model.

Enhanced Photoreceptor Sparing with OpRegen



Enhanced Visual Function Recovery



Long-Term Efficacy of GMP Grade Xeno-Free hESC-Derived RPE Cells Following Transplantation; McGill, et.al. *Translational Vision Science & Technology* June 2017, Vol.6, 17. doi:10.1167/tvst.6.3.17

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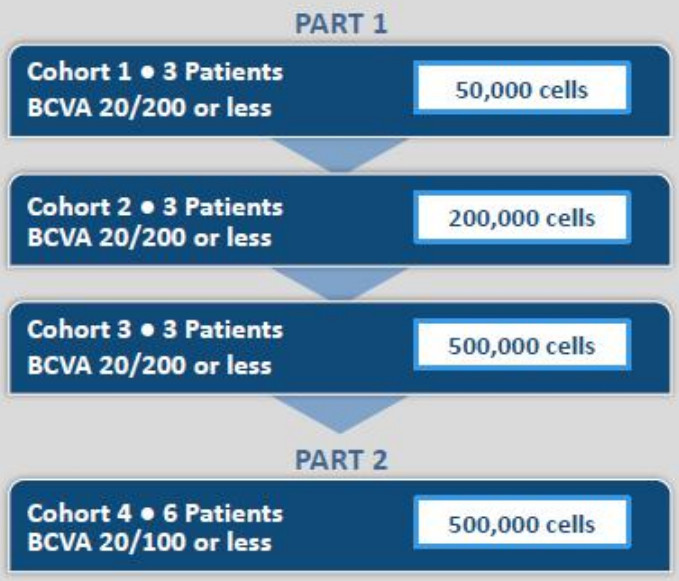
OpRegen® Phase I/IIa: Cohort 2 Ongoing

TRIAL DESIGN



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

US Approved IND: Open label, non-randomized, sequential, single center trial for phase I

Dose and Administration: Single escalating doses of cells in saline injected into subretinal space

Study Sites: Currently three sites in Israel and two in process in the U.S.

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OpRegen Data Summary Cohorts 1 and 2

Summary

- **OpRegen to date is well tolerated and has seen no serious adverse effects**
- **Engraftment seen in all patients**
- **Organization and retinal structural recovery noted as well**

Cohort	Patient	Timepoint	Safety outcomes	Product activity
1	1	12 months	None	RPE engraftment
	2	12 months	Posterior capsule opacity removed	RPE engraftment
	3	12 months	No pigmentation on bleb- Epiretinal membrane RPE detachment	RPE engraftment seen only by OCT
2	4	6 months	Preretinal membrane	-RPE engraftment -Photoreceptor sparing improved retinal thickness in scar area
	5	3 months		-RPE engraftment -Photoreceptor sparing

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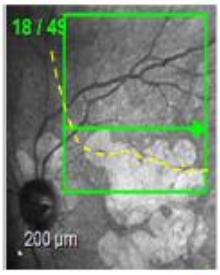
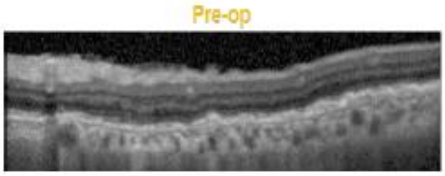
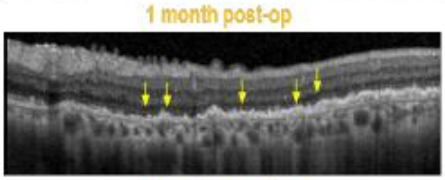
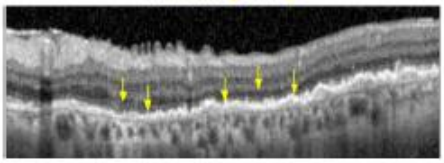
Cohort 1: Transition Zone

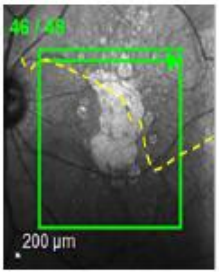
Patient #2



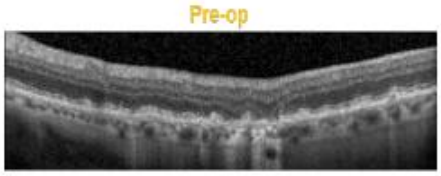


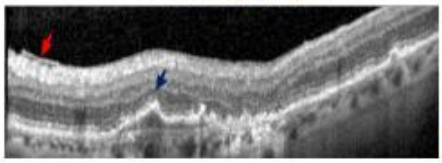






Patient #3





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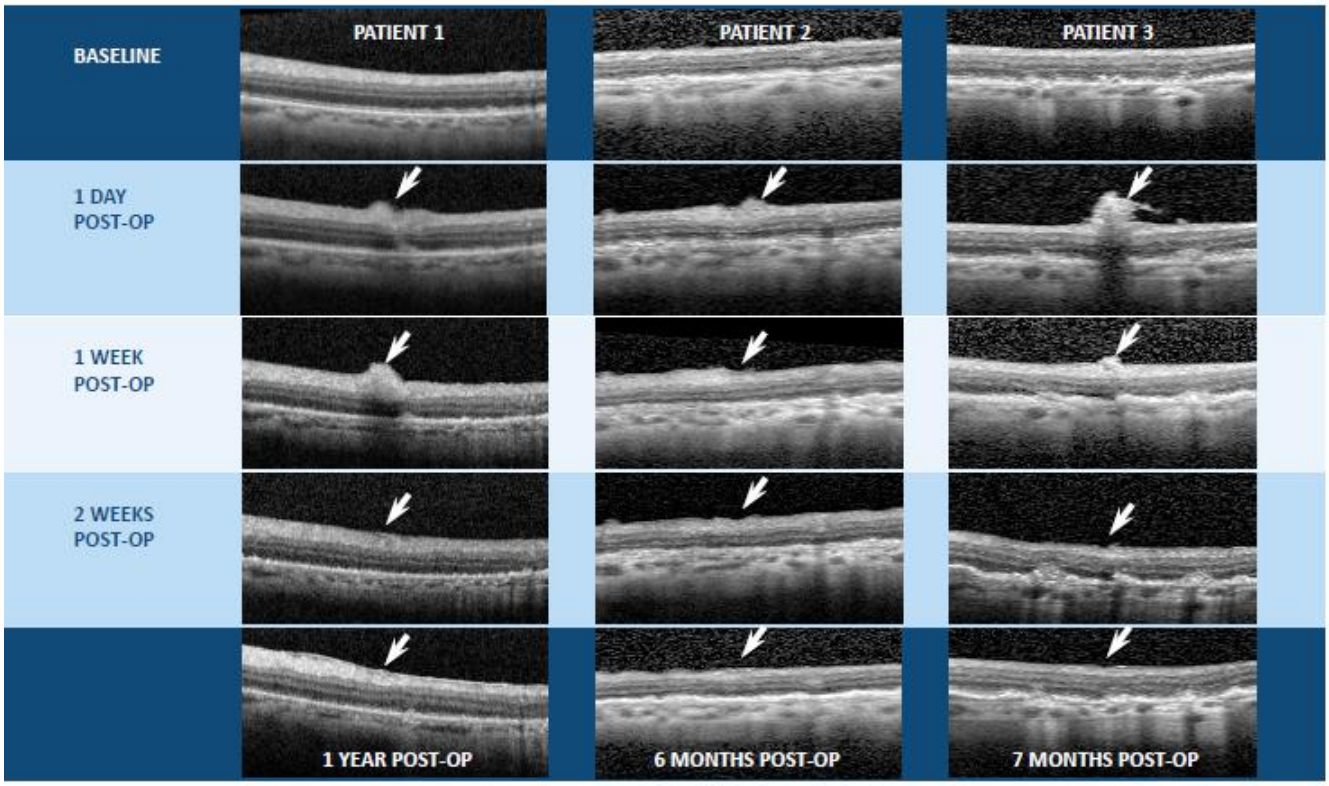
Cohort 1: Appropriate Integration/ Grafting of Cells at Injection Site



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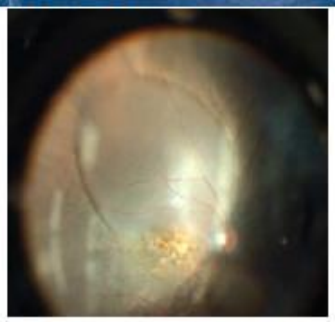
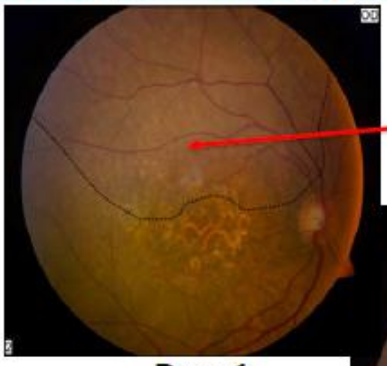
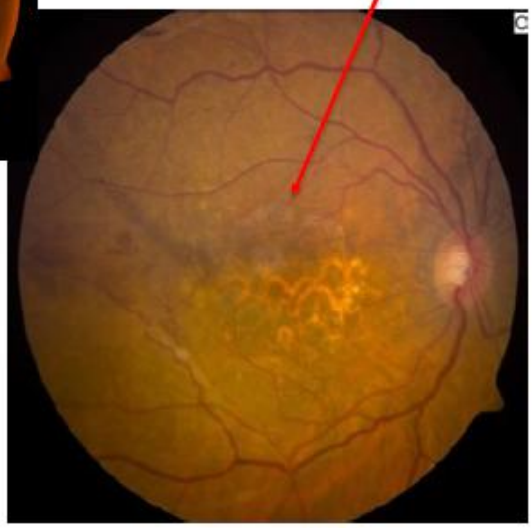
Procedural safety* continued in Cohort 2 and continued to show signs of engraftment



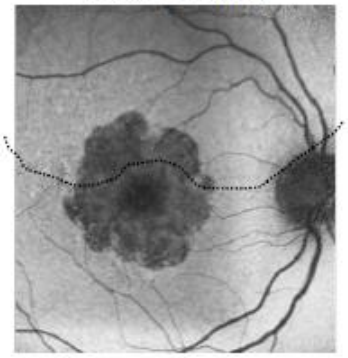
Day 0 Surgery



Day 1



6 months



Day 1-FAF

Patient 4- Color and FAF

*No serious adverse events seen

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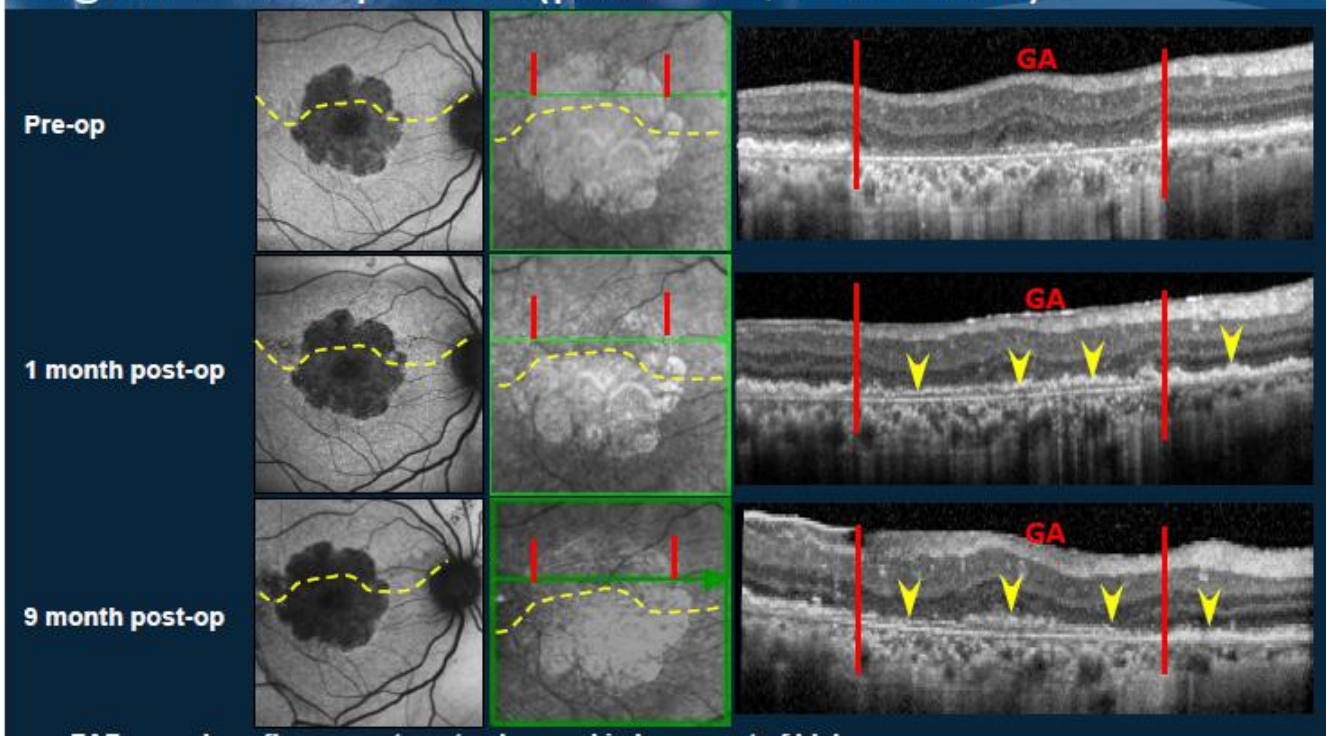
OpRegen RPEs can engraft in damaged area and organize as expected (patient 4, 200k cells)



FAF: hypofluorescent spots observed in lower part of bleb
IR: pigmented spots in this area obscure superior part of GA
OCT: subretinal hyper reflective spots layering in area of retinal atrophy and beyond post-op

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OpRegen® in Dry-AMD

KEY 2017 MILESTONES

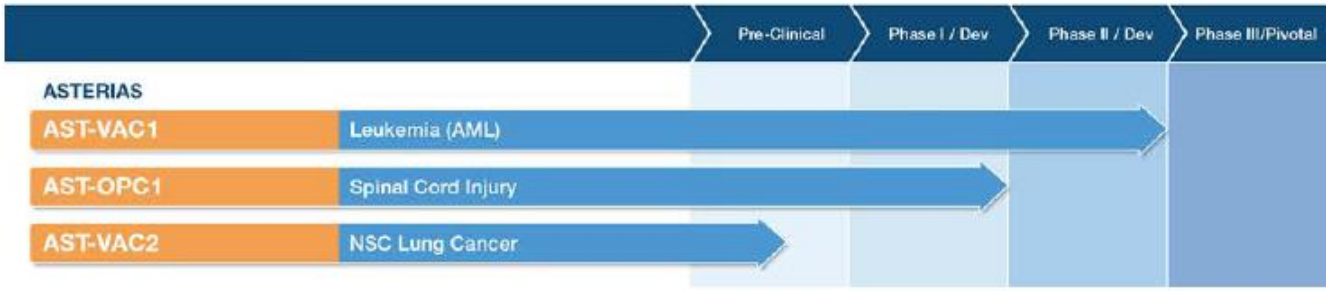
- Present Cohort 2 date at ARVO, May-17 ☑
- DSMB approval to begin Cohort 3– mid-17
- Data from Cohorts 1, 2 & 3 2H17
- DSMB approval to begin cohort 4 – Q4 2017
- Updated protocol approval for US sites based on safety so far

Unlocking Asset Value for BTX Shareholders

BioTime owns ~44% (~$77M*) of Asterias (NYSE MKT: AST)

ASTERIAS BIOTHERAPEUTICS

With proprietary, industry-leading platforms based on its pluripotent stem cell and dendritic cell immunotherapy technologies, Asterias is focused on therapies to treat conditions in several medical areas where there is high unmet medical need and inadequate available therapies.



* As of May 9, 2017

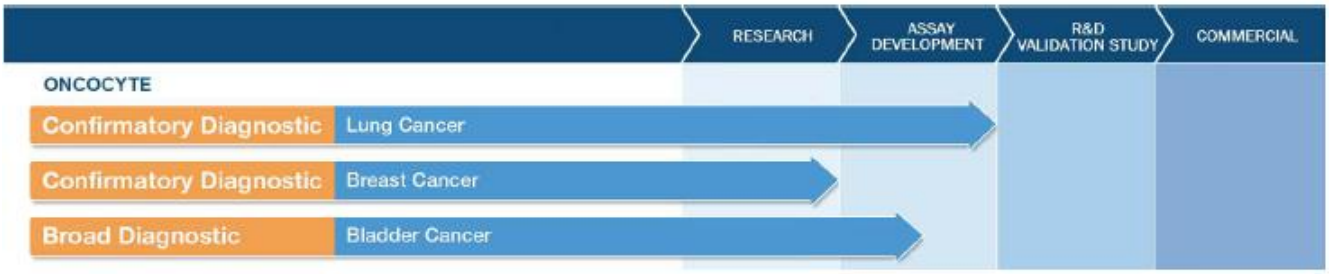
BIOTIME

Unlocking Asset Value for BTX Shareholders

BioTime owns ~49% (~$ 78M*) of OncoCyte (NYSE MKT: OCX)

OncoCyte™

Focused on non-invasive blood and urine diagnostic tests for early detection of cancer to improve health outcomes through early diagnoses, to reduce the cost of care through the avoidance of more costly diagnostic procedures, including invasive biopsy and cystoscopic procedures, and to improve the quality of life for cancer patients.



* As of May 9, 2017

BIOTIME

Experienced Leadership Team

MANAGEMENT	
Adi Mohanty, *Co-Chief Executive Officer* 16 years of experience in executive and management positions	Shire, Baxter
Michael D. West, Ph.D., *Co-Chief Executive Officer* 26 years of experience in regenerative medicine and management	ACT, OCATA THERAPEUTICS, geron
Russell Skibsted, *Chief Financial Officer* 25 years of experience in finance, acquisitions, partnering, marketing and operations	PROVE, AEOLUS, SPECTRUM
François Binette, Ph.D., *Head of Global Development* 20 years of experience driving innovation in regenerative medicine therapy development	Medtronic, Johnson & Johnson
Oscar Cuzzani, M.D., Ph.D., *VP of Clinical* 30 years of experience as a physician and in clinical development	NIH, abbvie, Allergan
Stephana Patton, Ph.D., J.D., *General Counsel* 17 years of experience in patent, compliance and corporate law	biodelivery sciences, Salix
Jim Knight, *SVP, Head of Corporate Development* 25 years of experience in biotechnology and pharmaceuticals	QUESTCOR, elan, Biogen
Judith Segall, *VP of Administration and Corporate Secretary* 26 years of experience as one of the co-founders of BioTime, Inc.	BIOTIME, ASTERIAS, ONCOCYTE

Shading = Joined in 2013 or later

Strong Board

BOARD OF DIRECTORS
Alfred D. Kingsley, *Chairman of the Board* Partner, Greenway Partners L.P. Several Israeli Ventures
Deborah Andrews Vice President-Chief Accounting Officer, STAAR Surgical Company
Neal C. Bradsher, CFA President, Broadwood Capital, Inc
Stephen C. Farrell CEO and Director, Convey Health Solutions
Adi Mohanty Co-Chief Executive Officer
Michael H. Mulroy Former EVP, Strategic Affairs, General Counsel and Corporate Secretary, Questcor Pharmaceuticals
Angus C. Russell Former CEO, Shire plc
David Schlachet Former Member of the Tel-Aviv Stock Exchange (TASE) Audit Committee
Michael D. West, Ph.D. Co-Chief Executive Officer

Shading = Joined in 2013 or later

BIOTIME Investment Considerations

- Multiple Programs @ Various Stages of Development
  - Not dependent on only one program or technology
- Late-Stage – Near Commercial Product
  - Renevia & Lung Cancer Dx could be commercial w/in 1 yr
- Large Market Opportunities
  - **Renevia** (Aesthetics) addresses 1.5M procedures at $8K-$10K in US alone
    - EU Registrational Study Positive Final Data Reported 6/14/17
  - **OpRegen**: (Dry-AMD) Addresses Potential Multi-Billion Dollar Market Opportunity (9 times Wet-AMD)
    - New Human Data to Date Strongly Positive
- Numerous Milestones and Data During 2017
- Asterias and OncoCyte positions valued at ~$155 Million

ASTERIAS BIOTHERAPEUTICS ONCOCYTE


BIOTIME
Leading the Regenerative Medicine Revolution
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