## 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

Machinaton	$D \subset$	20540
Washington,	D.C.	20549

# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

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

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	1 Transactions	Reported.	Fil	ed pursuant t or Sectio					urities Excha Company A												
Name and Address of Reporting Person*     WEST MICHAEL D			2. Issuer Name <b>and</b> Ticker or Trading Symbol BIOTIME INC   BTIM								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
WEST MICHAEL D												X Director					10% Owner				
(Last)	•	irst) Y PARKWAY	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2008						rear)	X Officer (give title Other (specify below) below)  Chief Executive Officer						ecify				
1301 HA	KBUK BA	Y PARKWAY																			
(Street)	DA C	A	94502	4. If Amei	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									
(City)	(S	tate)	(Zip)											Form filed by More than One Reporting Person							
		Tab	le I - Non-Deri	vative Sec	curiti	ies A	cquire	ed, D	isposed	of, or I	Benefic	iall	y Owned	i							
1. Title of Security (Instr. 3) 2. T		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any		Code (Instr				or Dispose	Securities Beneficia		s Own Ily Forr		nership In m: Direct B		Nature of idirect eneficial					
			(Month/Day	/Year)	8)		Amo	unt	(A) or (D)		Owned at Issuer's F Year (Inst 4)		iscal Ìndii		ect (I) (Ins		ership r. 4)				
Common	Shares, no	par value											1,580,0	000(1)	Γ	D					
		7	able II - Deriva (e.g., ۱	ative Secu puts, calls									Owned								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	ransaction of Expiration ode (Instr. Derivative (Month/D		ion Da				Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					(A)	(D)	Date Exercis	Expiration C		Amou or Numb of Shares	er										
Option to Purchase Common Shares	\$2.17						(2)	'	03/07/2009	Commo Shares		00		20,00	00	D					
Option to Purchase Common Shares	\$1.26						(3)	'	03/30/2010	Commo Shares		00		20,00	00	D					
Option to Purchase Common Shares	\$0.34						(4)		03/27/2011	Commo Shares		00		20,00	00	D					
Option to Purchase Common Shares	\$0.74						(5)	'	04/30/2012	Commo Shares		00		20,00	00	D					
Option to Purchase	\$0.5						(6)		10/09/2014	Commo	n 1,500,0	000		1,500,0	000	D					

# **Explanation of Responses:**

- 1. Includes 1,580,000 shares that Dr. West may aquire through the exercise of stock options.
- 2. 5,000 options became exercisable on March 31, 2004 and the remaining 15,000 became exercisable in 3 equal quarterly installments based upon continued service on the board of directors.
- 3. 5,000 options became exercisable on March 31, 2005 and the remaining 15,000 became exercisable in 3 equal quarterly installments based upon continued service on the board of directors.
- 4. 5,000 options became exercisable on March 31, 2006 and the remaining 15,000 became exercisable in 3 equal quarterly installments based upon continued service on the board of directors.
- 5. 5,000 options became exercisable on May 1, 2007 and the remaining 15,000 became exercisable in 3 equal quarterly installments based upon continued service on the board of directors.

6. 1/60th of the number of options will vest at the end of each full month of employment.

#### Remarks:

Shares

/s/ Michael D. West

02/17/2009

\*\* 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.