SEC Form 5

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FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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Form 3 Holdings Reported.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 **ANNUAL STATEMENT OF CHANGES IN BENEFICIAL**

OMB APPROVAL

1										
	OMB Number:	3235-0362								
	Estimated average burden									
	hours per response.	1.0								

OWNERSHIP Ш Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported.

1. Name and Address of Reporting Person* STERNBERG HAL			2. Issuer Name and Ticker or Trading Symbol BIOTIME INC [BTX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>SIEKINDER</u>	<u>G HAL</u>			X	Director	10% Owner				
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)		Officer (give title below)	Other (specify below)				
935 PARDEE STREET			12/31/2003		VP;Member, Office of President					
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Line)							
BERKELEY	CA	94710		X	Form filed by One Reporting Person					
(City)	(State)	(Zip)			Form filed by More the Person	an One Reporting				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Dav/Year)	3. Transaction Code (Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial Ownership
		(Month/Day/Year)	8)	Amount	(A) or (D)	Price	Swned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(Instr. 4)
Common Shares, no par value							345,201 ⁽¹⁾	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	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 Exercisable	Expiration Date	Title	Amount or Number of Shares				
Option to Purchase Common Shares	\$4						10/28/2002	10/27/2007	Common Shares	30,000		30,000	D	
Option to Purchase Common Shares	\$4						01/01/2003	10/27/2007	Common Shares	30,000		30,000	D	
Option to Purchase Common Shares	\$4						01/01/2004	10/27/2007	Common Shares	30,000		30,000	D	
Warrants to Purchase Common Shares	\$2						01/21/2004	01/14/2007	Common Shares	13,431		13,431	D	

Explanation of Responses:

1. Includes 90,000 shares that Dr. Sternberg may acquire through the exercise of stock options, and 13,431 shares that he may acquire upon the exercise of certain warrants.

Remarks:

/s/ Hal Sternberg

02/17/2004

Date

** Signature of Reporting Person

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.