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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): **February 24, 2015**

**BioTime, Inc.**

(Exact name of registrant as specified in its charter)

**California**  
(State or other jurisdiction  
of incorporation)

**1-12830**  
(Commission File Number)

**94-3127919**  
(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))
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## 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 SEC under the heading “Risk Factors” and other filings that BioTime may make with the Securities and Exchange Commission. 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 February 24, 2015, Michael D. West, our Chief Executive Officer, will provide an update on product development by BioTime and its subsidiaries in certain private meetings. Dr. West’s presentations 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.

<u>Exhibit Number</u>	<u>Description</u>
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: February 24, 2015

By: s/Robert W. Peabody  
Senior Vice President and  
Chief Financial Officer

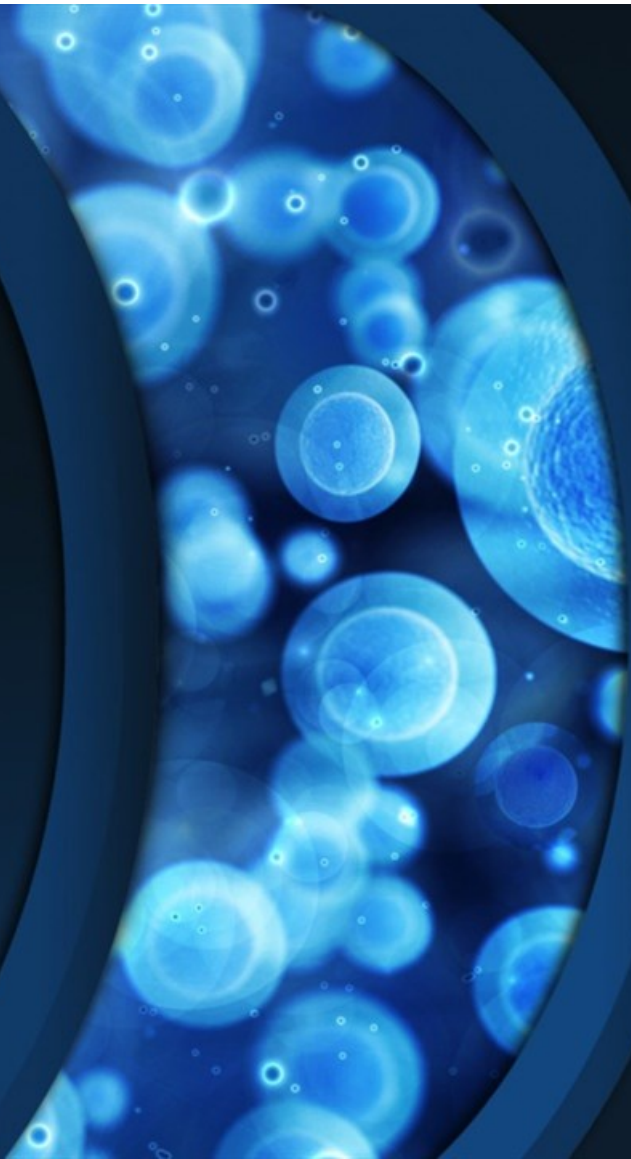
<u>Exhibit Number</u>	<u>Description</u>
<a href="#">99.1</a>	Slide presentation



*Leading the Revolution in  
Regenerative Medicine*

**NYSE MKT: BTX**

February, 2015



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.

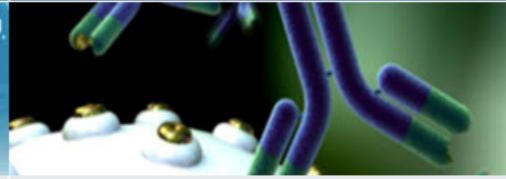
## Biotech Revolutions: 15-20 Years to Commercialization

### Recombinant DNA



- Advent:** 1974: Gene cloning technology developed  
**Opportunity:** Industrial-scale manufacture of all proteins  
**Hurdle:** 1976: moratorium on rDNA research  
**Launch:** 1989: EPO is first billion dollar product
- 2015: products using rDNA technology are ubiquitous
  - >140 clinical trials
  - \$75bn current global market

### Monoclonal Antibodies



- Advent:** 1975: Hybridoma technology developed  
**Opportunity:** Manufacture of diverse & specific antibodies  
**Hurdle:** HAMA response  
**Launch:** 1997: Rituximab first billion-dollar product
- 2014: 8 of the 20 best-selling biotechnology drugs are therapeutic monoclonal antibodies
  - >200 clinical trials
  - \$44bn current global market

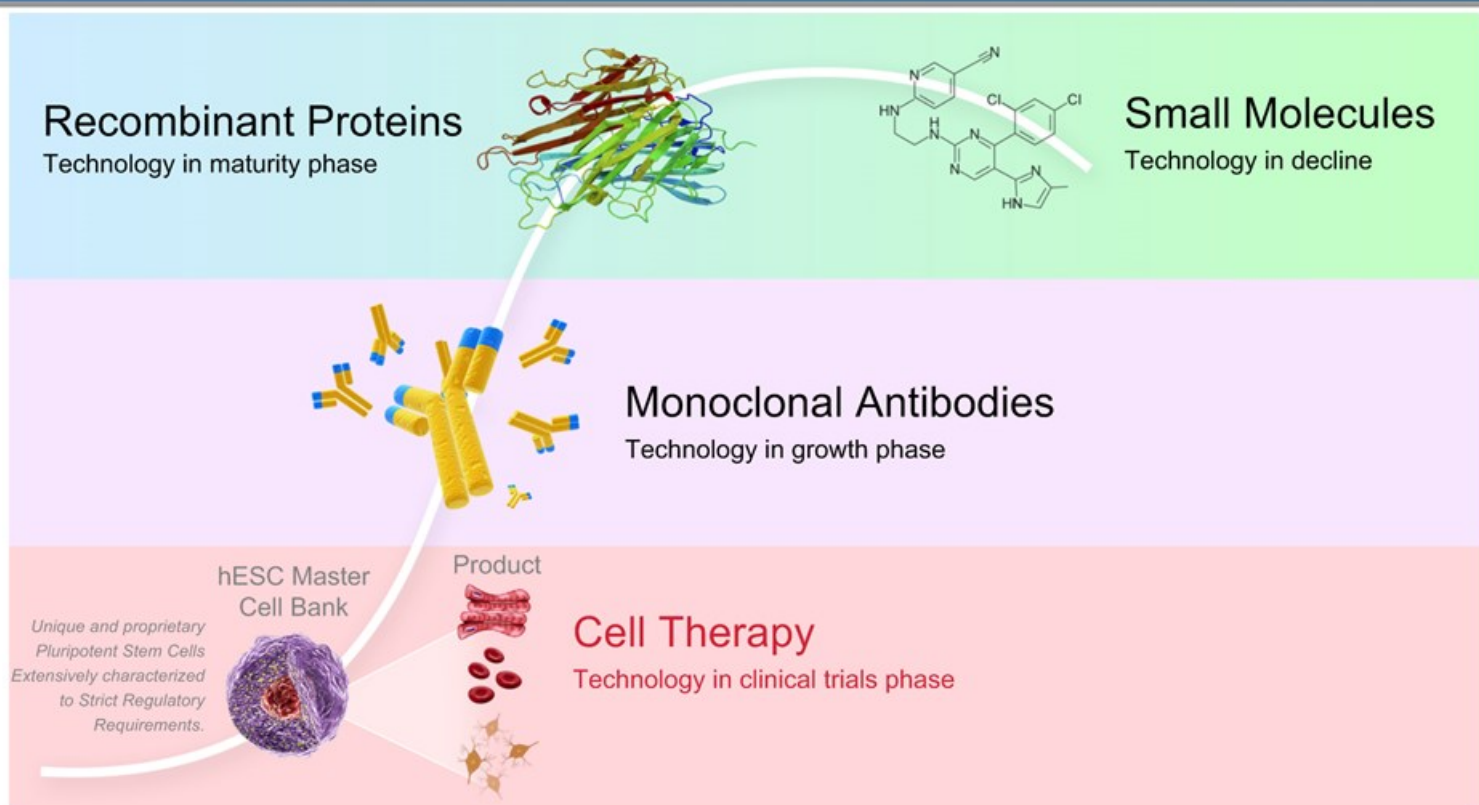
### Regenerative Medicine



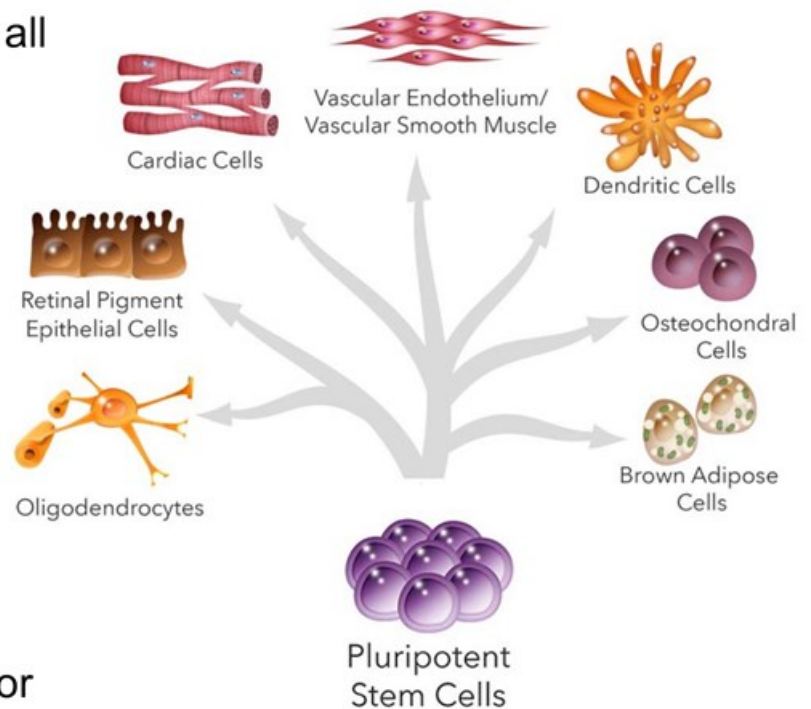
- Advent:** 1998: Isolation of pluripotent stem cells  
**Opportunity:** Manufacture of diverse & specific cell types
- “It is not too unrealistic to say that this research has the potential to revolutionize the practice of medicine.” – H. Varmus 1998
- Hurdle:** 2001: U.S. federal funding restriction (reversed in 2009)
- 2010: First-in-human trial of *OPC1*






Cell therapy: the next wave – with a potentially long lifespan due to lack of regulatory pathway for generics or biosimilars



- Pluripotent stem cell platform allows industrial manufacture of all human cell types
- Significant competitive barriers: >600 patents/apps worldwide
- Targeting large degenerative disease markets
- Multiple near-term clinical milestones
- Solid balance sheet
- Unique subsidiary structure provides multiple opportunities for value creation



Subsidiary Company	BTX Ownership
 The logo for Asterias Biotherapeutics, featuring a green star-like icon and the text 'ASTERIAS BIOTHERAPEUTICS'.	67%
 The logo for CellCure NeuroSciences Ltd., featuring a circular cluster of green cells and the text 'CellCure NeuroSciences Ltd.'.	63% <sup>(1)</sup>
 The logo for OncoCyt Corporation, featuring a blue and red circular icon and the text 'ONCOCYTE CORPORATION'.	75%

(1) Includes shares owned by BioTime, Asterias, and ESI.



## Addressing large market opportunities

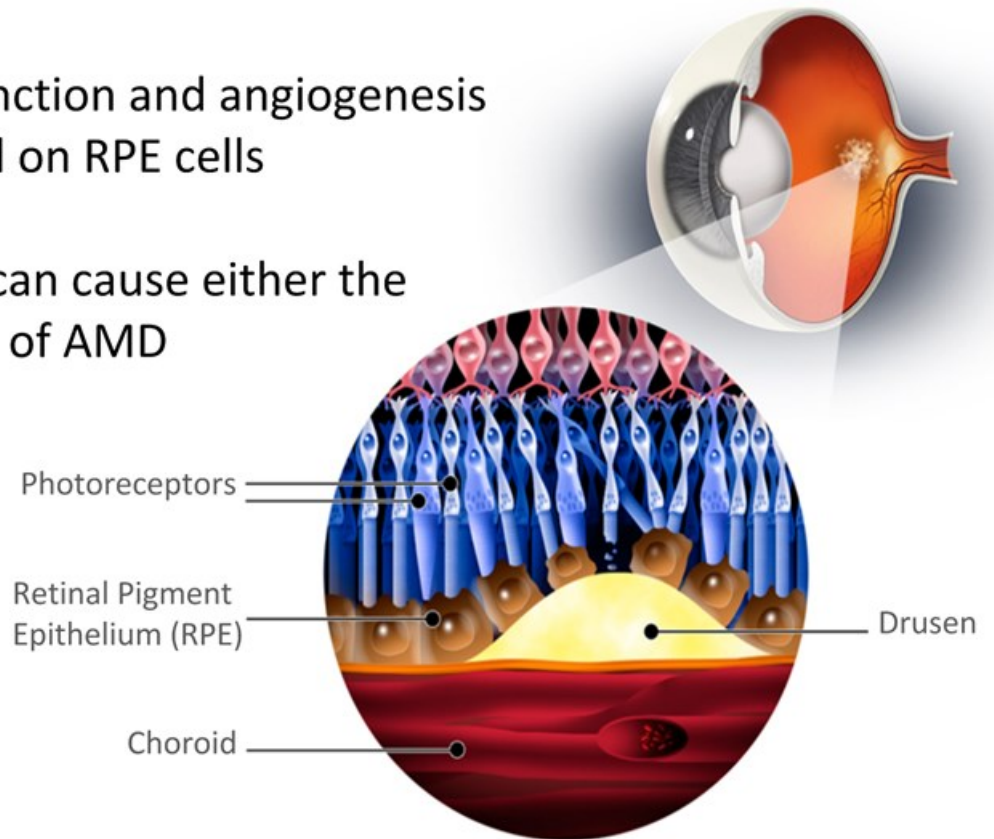
Product	Unmet Medical Need	Patient Population (US)
<i>OpRegen</i>	Dry AMD	8,000,000 (prevalence)
<i>OPC1</i>	Spinal cord injury rehabilitation	12,000/yr
<i>VAC2</i>	Non small cell lung cancer	~200,000/yr
<i>Renevia</i>	Cell transfer matrix for HIV lipoatrophy	>360,000 (prevalence)
<i>PanC-Dx</i>	Screening diagnostics for bladder, lung, and breast cancer	>40 million/yr

*Over the next 12 months, BioTime and its subsidiaries are positioned to increase shareholder value by...*

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

## Age-Related Macular Degeneration (AMD)

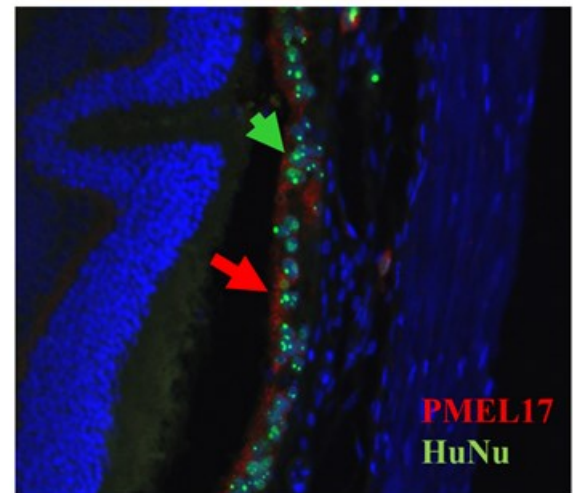
- Photoreceptor function and angiogenesis inhibition depend on RPE cells
- Loss of RPE cells can cause either the dry or wet forms of AMD



## Therapy for Dry-AMD



- **Strategy:** hES cell-derived RPE cell replacement therapy for the dry form of AMD
- **Mechanism of Action:** Integration into subretinal space and replacement of missing RPE cells
- **Prevalence:** Wet AMD represents only 10% of the cases; Dry AMD represents ~ 90% of cases
- **Market Potential:** Wet AMD therapies currently generate ~ \$7 billion
- There are no FDA-approved Dry AMD therapies





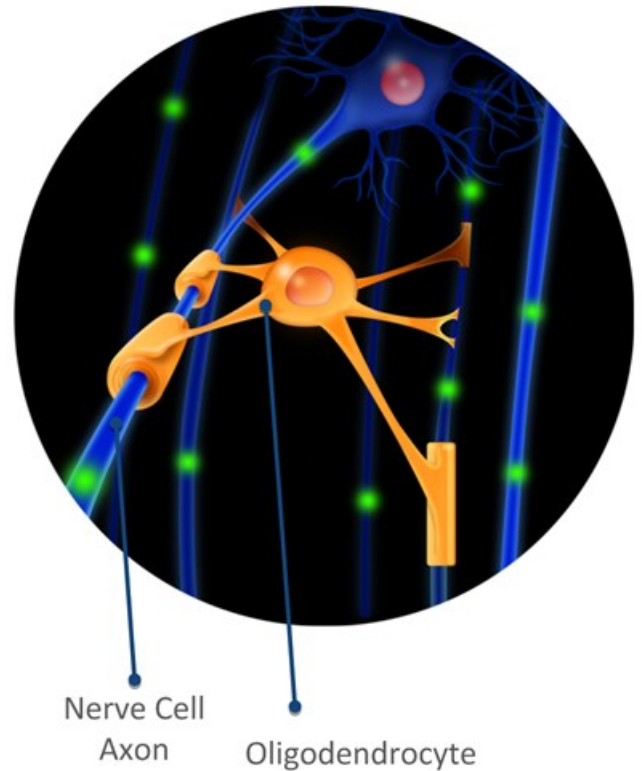
- Phase I/IIa dose escalation safety and efficacy study of *OpRegen* transplanted subretinally in patients with advanced dry-form of AMD (Geographic Atrophy)
- Open label, non-randomized, sequential, single center trial
- Study Site: Hadassah University Medical Center, Jerusalem, Israel
- Dose and Administration: Single injection of 50,000-500,000 cells in saline delivered into the subretinal space.
- *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, 500,000 cells



## Oligodendrocyte Progenitors



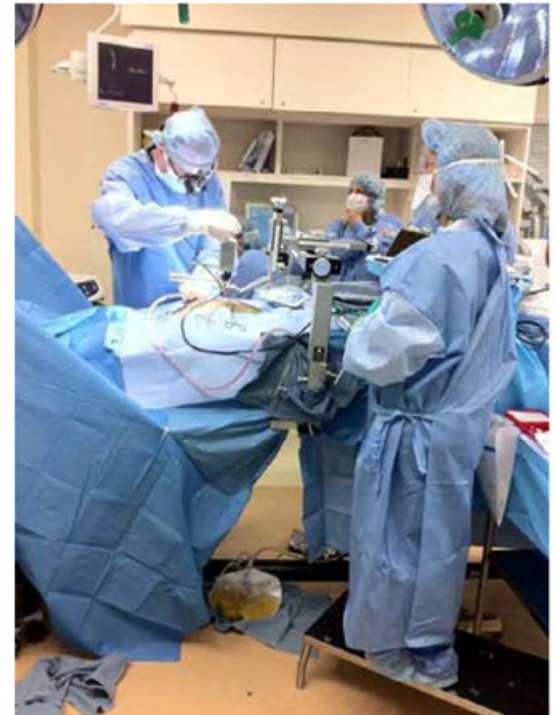
- Demyelination of neurons impairs rehabilitation from spinal cord injury, plays a role in multiple sclerosis, and other diseases
- Transplantation of oligodendrocyte progenitors can remyelinate damaged nerve axons improving recovery from spinal cord injury in extensive rat model studies



## Feasible and Safe



- Five subjects received 2 mil *OPC1* cells, followed for >4 years
- Clean safety profile observed to date:
  - No serious adverse events related to surgery, *OPC1*, or immunosuppression
  - No unexpected neurological changes
  - No adverse changes on MRI
  - Monitoring through one year shows no evidence of immune responses to *OPC1*
- Potential evidence of biological activity:
  - MRI results in 4 of 5 subjects are consistent with prevention of lesion cavity formation





**Indication:**  
Complete  
Cervical Spinal  
Cord Injury

- High level of unmet medical need – no approved therapies, high level of disability & lifetime cost of care
- Clear path to market – endpoint measurements and pivotal study size established by SCOPE initiative

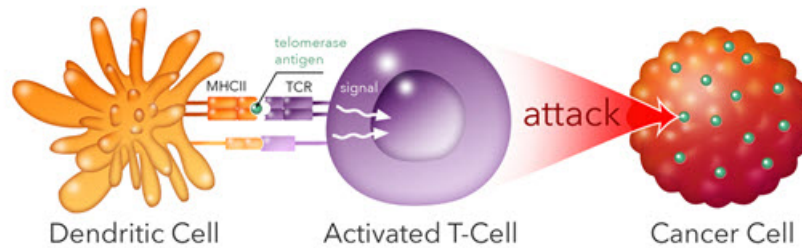
**Objectives:**  
Safety and  
preliminary  
efficacy

- Establish safety of *OPC1* in cervical sensorimotor complete SCI
- Assess effects on upper extremity motor function
- Investigate effects on additional measures of neurological function

**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





- 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<sup>1</sup>
- Phase II study in AML appeared safe, increased DFS<sup>2</sup>
- 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

## Application in Non-Small Cell Lung CA



### Significant Unmet Medical Need

- 5 year survival rates of <20% for Stage 3 & 4 disease, <50% for Stage 2 disease<sup>1</sup>
- Estimated annual costs in US alone of \$12.1 billion, plus \$36.1 billion in lost productivity due to early death<sup>2</sup>

### Substantial Market Opportunity

- 400,000 new cases per year in the seven major markets<sup>3</sup>
- \$4.6 billion market in 2011, despite significant use of generic chemotherapies<sup>3</sup>
- Precedent for high value treatments (e.g. Xalkori, Zykadia, Avastin)

### Existing Proof of Concept for Immunotherapy

- Multiple published studies in animal models and human clinical trials

<sup>1</sup> Source: Cancer Research Technologies, <sup>2</sup> Source: National Institutes of Health. <sup>3</sup> Source: Decision Resources





## Indication: Non-small Cell Lung Cancer

- Immune blockade inhibitor trials demonstrate sensitivity of lung cancer to immunotherapy
- Proof of concept for telomerase antigen in lung cancer
- High level of unmet medical need with current therapeutic regime

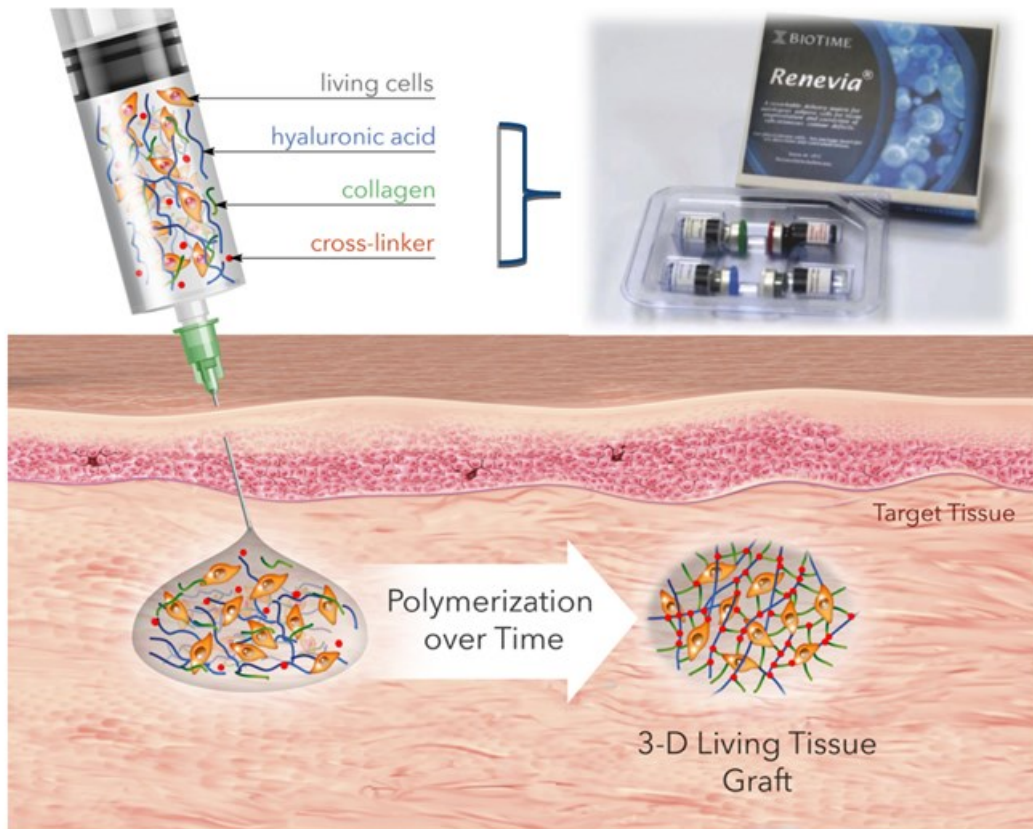
## Objectives: Safety and preliminary efficacy

- Establish safety of *AST-VAC2* in resected and advanced disease settings
- Assess generation of anti-telomerase and anti-VAC2 immune responses
- Investigate initial measures of clinical activity

## Trial Design:

- 5 pts w/ resected NSCLC: 6 vaccinations of 1 million *AST-VAC2* cells
- 12 pts w/ resected NSCLC: 6 vaccinations of 10 million *AST-VAC2* cells
- 12 pts w/ advanced NSCLC: 6 vaccinations of 10 million *AST-VAC2* cells

## Injectable 3-Dimensional Tissue Matrix



- *Renevia™* is an injectable matrix designed to safely produce 3-D tissue *in vivo*, keeping cells where the surgeon places them. It is expected to have numerous applications in multiple tissue types
- Pivotal trial for CE mark for use in HIV-associated lipoatrophy in combination with autologous lipotransfer now underway
- Estimated 3.5M people worldwide have HIV-related lipoatrophy
- In addition, a greater number of people have lipoatrophy due to trauma or aging
- Many other potential applications in combination with adult and ESC therapies



Age-Related Lipoatrophy

## 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
Enrollment	First patient in Q1'15. Multiple sites in Spain



## Noninvasive CA Screening Diagnostics

- Novel blood and urine-based cancer screening diagnostics
- Designed to provide increased accuracy
- Less invasive and designed to be easily implemented
- Potential for expanded use in numerous solid tumor types

<i>PanC-DX</i> <sup>TM</sup>	Potential market size	Status	Initial Results to be Presented
Breast cancer	\$2.5 billion	Clinical study underway	April 2015
Bladder cancer	\$500 million	Clinical study underway	April 2015
Lung cancer	\$525 million	Clinical study underway	1H 2015



## *Three Diagnostic Products Planned to Launch within 12 Months*

### ***PanC-Dx™ Breast Cancer Diagnostic:***

- Blood-based screening diagnostic
- Panel of protein markers

### ***PanC-Dx™ Bladder Cancer Diagnostic:***

- Urine-based screening diagnostic
- Panel of RNA markers

### ***PanC-Dx™ Lung Cancer Diagnostic:***

- Blood-based screening diagnostic
- Panel of RNA markers

## AST-OPC1



### **\$14.3 Million Grant**

- Includes funding for:
  - Execution of Phase 1/2a study
  - Assay development
  - Facilities and indirect costs
- Potential follow-on grants to expand and accelerate trial

## AST-VAC2



### **\$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

### **~ \$5 Million**

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

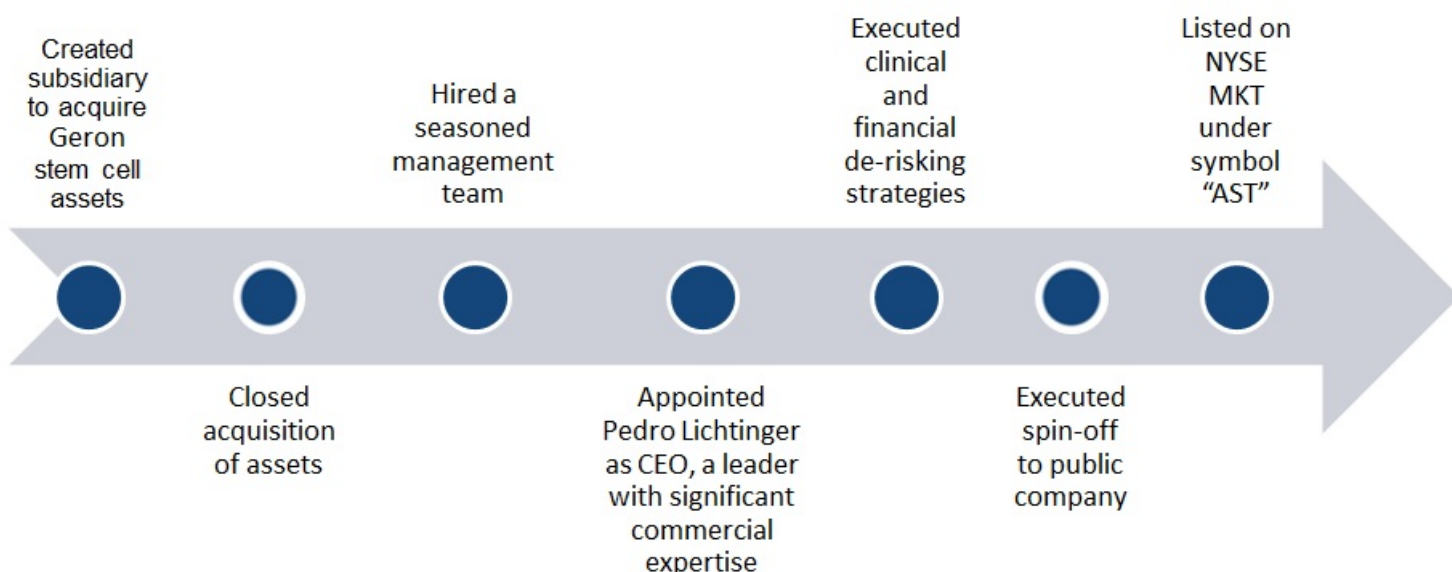
**\$40-50 Million of Total Non-dilutive Funding**

## *Maximizing shareholder value in a broad platform company*

- **Increases financial flexibility** at both the corporate and subsidiary level
- **Limits direct dilution** to existing shareholders of BTX
- **Attracts talented executives** with focus on diverse fields of medicine
- **Allows investors to focus** on opportunities that most interest them
- **Enables development of more products** using our broad technology platforms
- **Limits downside risk** by spreading investments among multiple opportunities
- **Maintains upside potential** as subsidiaries address large market opportunities

# Unlocking Subsidiary Value

*Asterias Biotherapeutics is the first of BioTime's subsidiaries to be publicly traded*



- BTX owns 67% of ~\$120M AST Market Cap
- BTX has seven other subsidiaries whose value could be unlocked
- Goal: Unlock value of one additional subsidiary in 2015



*Focused on adding biopharmaceutical industry executives with expertise in clinical development and commercialization*

- Appointed Pedro Lichtinger as President and Chief Executive Officer of Asterias, a former Pfizer senior executive with successful drug development and commercialization experience
- Adi Mohanty, former Shire executive, appointed COO of BioTime
- Michael H. Mulroy and Stephen L. Cartt joined BioTime's Board of Directors. Mr. Mulroy and Mr. Cartt both had successful careers in senior management at Questcor Pharmaceuticals, Inc.
- Angus C. Russell, former Chief Executive Officer of Shire plc, appointed to BioTime's Board of Directors



## Strong Board, Management, and Financial Structure

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### Key Statistics:

- \$156M liquid assets: ~\$36M in cash, \$3M in registered BTX shares held by subsidiaries, & \$117M AST shares held by BTX  
(as of October 16, 2014)
- No debt
- Revenues of \$1.2M and \$3.4M during the three and nine months ended September 30, 2014, respectively
- BTX market cap approx. \$220M, owns 72% of AST (market cap approx \$156M)  
(as of October 16, 2014)

Long-term investors hold approx. 45% of BTX stock

- Powerful pipeline based on pluripotent stem cells
- Emphasis on degenerative diseases with relatively large market potential
- Balance of near- and long-term products significant milestones in 2015
- Executing clinical/financial de-risking strategies
- Building commercially-focused management team and Board
- Unlocking subsidiary value (AST first listing on NYSE)
- Long potential asset life due to lack of biosimilars