Instruction 1(b)

Form 3 Holdings Reported

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	$D \subset$	205/10
Washington,	D.C.	20549

vvasnington,	D.C.	20549	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

0	31-																
Form 4	1 Transactions	Reported.	Fil	ed pursuant t or Sectio					urities Excha Company Ad								
Name and Address of Reporting Person* SEGALL JUDITH				2. Issuer Name and Ticker or Trading Symbol BIOTIME INC [BTX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify						
(Last) 1010 AT SUITE 1										belo	w)` '						
(Street)	4. If Amer	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 Form filed by More than One Reporting Person								
(City)	(5		(Zip)	rativa Sac	riti	οο Λ	oquiro		Nicaccad	of or [Popofici	ally Own					
1. Title of Security (Instr. 3) 2. Trans Date		2. Transaction	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		ed, Disposed of, or Benefic 4. Securities Acquired (A) or Dispose Of (D) (Instr. 3, 4 and 5)			5. Amou Securiti Benefic	ınt of		rship : Direct	7. Nature of Indirect Beneficial Ownership			
				(Monthin Day)	ricary	0,	8)		unt	(A) or (D) Price		Issuer's		Indire (Instr	ct (I)	(Instr. 4)	
Common Shares, no par value		04/06/2016				G	1	,900(1)	D	\$3.25	591	591,245 ⁽²⁾		D			
		Т	able II - Deriva e.g., r	tive Secu outs, calls													
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)	5. Nu of Deriv Secu Acqu (A) o Dispo of (D	5. Number 6. Date of Expirati		te Exercisable and ration Date Amount of Securities Underlying Derivative S (Instr. 3 and		and of es ing ve Security	8. Price of Derivative Security (Instr. 5)			10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)		
					(A)	(D)	Date Exercis	able	Expiration Date	Title	Amoun or Numbe of Shares						
Option to Purchase Common Shares	\$2.5						(3)		01/19/2026	Commo Shares	n 25,000		25,00	00	D		
Option to Purchase Common Shares	\$4.23						(4)		03/02/2025	Common Shares	n 50,000		50,00	00	D		
Option to Purchase Common Shares	\$3.51						(5)		03/19/2021	Commo Shares	n 50,000		50,00	00	D		
Option to Purchase Common	\$4.22						(6)		02/19/2020	Commo			50,00	00	D		

Explanation of Responses:

- 1. On April 6, 2016, Ms. Segall gifted 1,900 common shares to a charitable organization.
- 2. Does not include shares that may be acquired upon the exercise of certain stock options.
- 3. One quarter of the options shall vest on January 19, 2017 and the balance shall vest in 36 monthly installments thereafter upon the completion of each month of continuous employment.
- 4. One quarter of the options vested on March 2, 2016 and the balance shall vest in 36 monthly installments thereafter upon the completion of each month of continuous employment.
- 5. 1/48th of the number of options will vest and become exercisable at the end of each full month of employment after March 20, 2014.
- 6. 1/48th of the number of options vested and became exercisable at the end of each full month of employment after January 1, 2013.

Remarks:

/s/Judith Segall

02/14/2017

** 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.