BIOTIME INC Form 4 August 20, 2010

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

January 31, Expires:

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue.

30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Form 5

obligations

(Print or Type Responses)

1. Name and Address of Reporting Person * SEGALL JUDITH	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) t Issuer			
	BIOTIME INC [BTIM]	(Check all applicable)			
(Last) (First) (Middle)	3. Date of Earliest Transaction				
1301 HARBOR BAY PARKWAY	(Month/Day/Year) 08/18/2010	_X_ Director 10% Owner X_ Officer (give title Other (specif below) Vice President & Secretary			
(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
ALAMEDA, CA 94502	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zin)					

(City)	(State)	Tabl	e I - Non-D	Derivative S	Securi	ities Acqu	iired, Disposed of	, or Beneficiall	y Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securiti	ies Ac	quired	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	on(A) or Dis	sposed	of (D)	Securities	Ownership	Indirect
(Instr. 3)		any	Code	(Instr. 3, 4	and 5	5)	Beneficially	Form: Direct	Beneficial
		(Month/Day/Year)	(Instr. 8)				Owned	(D) or	Ownership
							Following	Indirect (I)	(Instr. 4)
					(A)		Reported	(Instr. 4)	
					(A)		Transaction(s)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common						Φ.			
Shares, no par value	08/18/2010		X	23,750	A	\$ 1.818	441,082 (1)	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

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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. Transactic Code (Instr. 8)	Secu Acqu or Di (D)	rities nired (A) isposed of r. 3, 4,	6. Date Exerci Expiration Dat (Month/Day/Y	te	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Warrant to Purchase Common Shares	\$ 2	08/18/2010		X		23,750	12/21/2005	10/31/2010	Common Shares	23,750
Warrant to Purchase Common Shares	\$ 2						01/21/2004	10/31/2010	Common Shares	21,586
Option to Purchase Common Shares	\$ 2						11/08/2005	11/07/2010	Common Shares	125,000
Option to Purchase Common Shares	\$ 0.32						11/24/2006	11/23/2011	Common Shares	80,000

Reporting Owners

Reporting Owner Name / Address	Keiationsnips						
<u>.</u>	Director	10% Owner	Officer	Other			
SEGALL JUDITH 1301 HARBOR BAY PARKWAY ALAMEDA, CA 94502	X		Vice President & Secretary				

Signatures

/s/ Judith Segall 08/20/2010

**Signature of Person Date

Explanation of Responses:

- * 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).
- (1) Excludes 205,000 shares that Ms. Segall may acquire upon the exercise of certain stock options, and 21,586 shares that may be acquired upon the exercise of certain warrants.

Reporting Owners 2

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(2) These warrants were exercised at a discounted price of \$1.818 per share pursuant to a discount offer that expired August 18, 2010.
Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, <i>see</i> Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.