

Edgar Filing: BIOTIME INC - Form 5

BIOTIME INC
Form 5
February 14, 2002

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U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 30(f) of the Investment Company Act of 1940

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

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1. Name and Address of Reporting Person*

Segall Paul E.

(Last) (First) (Middle)

935 Pardee Street

(Street)

Berkeley CA 94710

(City) (State) (Zip)

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2. Issuer Name and Ticker or Trading Symbol

BioTime (BTX)

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3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)

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4. Statement for Month/Year

12/01

=====

5. If Amendment, Date of Original (Month/Year)

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6. Relationship of Reporting Person to Issuer

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(Check all applicable)

Director
 Officer (give title below)
 Chairman and Chief Executive Officer

10% Owner
 Other (specify below)

7. Individual or Joint/Group Filing (Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (mm/dd/yy)	3. Transaction Code (Instr. 8)	4. Security Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	
			Amount	Price
			(A) or (D)	
Common Shares, no par value				4
				2

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).

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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 provided is insufficient, see 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 valid OMB Number.