

NICKEL JEFFREY B
Form 4
August 28, 2002

FORM 4

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

OMB APPROVAL

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

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

(Print or Type Responses)

1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol		6. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	
Nickel	Jeffrey	B.	BioTime, Inc. (BTX)			
(Last)	(First)	(Middle)	3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)		4. Statement for Month/Year 8/02	
13180 Via Rancho Drive						
(Street)					5. If Amendment, Date of Original (Month/Year)	
Saratoga	CA	95070			7. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More Than One Reporting Person	
(City)	(State)	(Zip)				

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/ Day/ Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at End of Month (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			(A) or Amount (D) Price			

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Common Shares, no par value	8/12/02	P/V	10,000	A	\$1.12	60,000	D
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.
*If the form is filled by more than one reporting person, see Instruction 4(b)(v).

(Over)
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FORM 4 (continued)

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)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Securities Owned at End of Month (Instr. 4)		10. Ownership Form of Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Beneficial Ownership (Instr. 4)
				Acquired (A)	Disposed of (D) (Instr. 3, 4, and 5)							
Option to Purchase Common Shares	\$7.25			(A)	(D)	Date Exercisable: 3/26/01 Expiration Date: 3/25/05	Common Shares 10,000	N/A	10,000		D	
Option to Purchase Common Shares	\$11.50					Date Exercisable: 3/31/00 Expiration Date: 3/30/05	Common Shares 10,000	N/A	10,000		D	
Option to Purchase Common Shares	\$12.57					Date Exercisable: 4/29/99 Expiration Date: 4/28/04	Common Shares 10,000	N/A	10,000		D	
Option to Purchase Common Shares	\$3.00					Expiration Date: 3/30/07	Common Shares 20,000	N/A	20,000		D	

Explanation of Responses:

Includes 50,000 shares that Mr. Nickel may acquire through the exercise of stock options.
12,500 options became exercisable on the date of grant and the remaining 7,500 will become exercisable in 9 equal monthly installments based upon continued service on the board of directors.

**Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ Jeffrey B. Nickel August 26, 2002

**Signature of Reporting Person Date

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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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.

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