

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB 32	235-
Number: 0	104
Estimated average	
burden hours per	
response	0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)							
Name and Address of Reporting Person * Kornberg Roger D.	2. Date of Event Statement (Month/Day/Yea 11/01/2016	-	~	3. Issuer Name and Ticker or Trading Symbol Xenetic Biosciences, Inc. [XBIO]			
99 HAYDEN AVENUE SUITE 230	11/01/2010		Person(s) to Is	all applicable)	Filed(Mo	5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) LEXINGTON, MA 02421			XDirector10% Owner Officer (giveOther (specify title below) below)		6. Indiv Filing(C _X_Form	Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting	
(City) (State) (Zip)	Ta	able I - I	Non-Derivati	ve Securitie	s Beneficially	y Owned	
1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)		y Owned		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock	0			D			
	espond to the col respond unless t	lection (the form	of information n displays a cu	contained in	n this form ar OMB contro	1	
1. Title of Derivative Security (Instr. 4) 2.	Date Exercisable d Expiration Date onth/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	ate Expiration xercisable Date	Title	Amount or Numb	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)		
Reporting Owners							

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Kornberg Roger D.					
99 HAYDEN AVENUE SUITE 230	X				
LEXINGTON, MA 02421					

Signatures

/s/ Roger Kornberg	11/21/2016
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.

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.