

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL				
OMB	3235-			
Number:	0104			
Estimated average				
burden hours per	r			
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)								
1. Name and Address of Reporting Person * EISENBERG JEFFREY F	2. Date of Event Re Statement (Month/Day/Year) 11/01/2016		•	~	3. Issuer Name and Ticker or Trading Symbol Xenetic Biosciences, Inc. [XBIO]			
(Last) (First) (Middle) 99 HAYDEN AVENUE SUITE 230			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			Filed(M	5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) LEXINGTON, MA 02421			Officer (giv			6. Indiv Filing(c _X_ Form	Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting	
(City) (State) (Zip)		Tal	ole I	- Non-Derivati	ve Securities	Beneficiall	ly Owned	
1.Title of Security (Instr. 4)			t of Securities Ily Owned		4. Nature of Indirect Beneficial Ownership ct (Instr. 5)			
Common Stock 0		0)		D			
	espond to respond	the colle unless th	ectior ie for	n of information m displays a cu	contained ir urrently valid	this form a	ol	
1. Title of Derivative Security 2. Date F		e Exercisable spiration Date Day/Year)		tle and Amount of rities Underlying vative Security (. 4)	4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	ate xercisable	Expiration Date	Title	Amount or Numb of Shares	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	
EISENBERG JEFFREY F					
99 HAYDEN AVENUE SUITE 230	X				
LEXINGTON, MA 02421					

Signatures

/s/ Jeffrey Eisenberg	11/15/2016
**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.