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

1. Title of Security (Instr. 3)

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

#### OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

hours per response..

0.5

Ownership of Indirect

Beneficial

Ownership

(Instr. 4)

Form:

(I)

Direct (D)

or Indirect

(Instr. 4)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Evolunge Act of 1034 or Section 30(b) of the

may continue. So Instruction 1(b).	ee Pricu p	ursuant to section	` /	Company Act	of 1940	enon 30(n) of the				
(Print or Type Respon	ses)									
1. Name and Address of Reporting Person * Benz Edward J. JR			2. Issuer Name <b>an</b> Xenetic Bioscien		<i>U</i> ,	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X. Director 10% Owner				
99 HAYDEN AV	(First) ENUE, SUITE 23	^	3. Date of Earliest T 12/20/2016	ransaction (Mont	h/Day/Year)	Officer (give title below) Other (specify below)				
LEXINGTON, MA	(Street) A 02421		4. If Amendment, D	ate Original Filed	(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1 Tid CCit		2 Transportion	24 Danmad	2 Transpostion	4 Committies Assumed	5 Amount of Committies Demoficially 6 7 Mature				

(Instr. 3, 4 and 5)

(A) or

(D)

(A) or Disposed of (D) Owned Following Reported

Transaction(s)

(Instr. 3 and 4)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1474 (9-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(Instr. 8)

Code

Execution Date, if Code

(Month/Day/Year

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

Security (Instr. 3)	Conversion	Date (Month/Day/Year)	Execution Date, if	Code	Cransaction of Derivative		Expiration Date (Month/Day/Year)		Amount of		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option	\$ 3.49	12/20/2016		A		6,250		02/21/2017	11/21/2026	Common Stock	6,250	\$ 0 <u>(1)</u>	6,250	D	
Stock Option	\$ 3.49	12/20/2016		A		6,250		05/21/2017	11/21/2026	Common Stock	6,250	\$ 0 (1)	12,500	D	
Stock Option	\$ 3.49	12/20/2016		A		6,250		08/21/2017	11/21/2026	Common Stock	6,250	\$ 0 (1)	18,750	D	
Stock Option	\$ 3.49	12/20/2016		A		6,250		11/21/2017	11/21/2026	Common Stock	6,250	\$ 0 (1)	25,000	D	

# **Reporting Owners**

Donostino Comerci Nonco / Adduses	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Benz Edward J. JR 99 HAYDEN AVENUE, SUITE 230 LEXINGTON, MA 02421	X					

Date

(Month/Day/Year)

## **Signatures**

/s/ Edward J. Benz JR., MD	12/23/2016
**Signature of Reporting 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).

On December 20, 2016 the Issuer approved the issuance of a Stock Option Grant to the Reporting Owner under its 2014 Equity Incentive Plan (the "Plan"). The Reporting Owner (1) has the right to purchase 25,000 shares of common stock of the Issuer under the Plan at an exercise price based on the closing price on December 19, 2016 of \$3.49. The Option vests one-quarter of the total grant for each quarter of service over the twelve-month period commencing on the grant date.

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.	