FORM 4

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

OMB APPE	ROVAL
OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Finit of Ty	pe Kesponse	8)													
Name and Address of Reporting Person * Logal Adam			2. Issuer Name and Ticker or Trading Symbol Xenetic Biosciences, Inc. [XBIO]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 40 SPEEN STREET, SUITE 102				3. Date of Earliest Transaction (Month/Day/Year) 12/04/2020					-	Officer (giv	e title below)	Othe	er (specify below	7)	
FR A MIN	NGHAM 1	(Street)		4. If Amo	endn	nent, Date	Orig	ginal Filed(M	onth/Day/Year)		K_ Form filed by	One Reporting	p Filing(Check Person Reporting Person	Applicable Line)
	FRAMINGHAM, MA 01701 (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		(Month/Day/Year) (A) or		of (D) O T1	Transaction(s) (Instr. 3 and 4)		d (Ownership Form: E Direct (D)	'. Nature of Indirect Beneficial Ownership Instr. 4)						
			Table II -					display	form are not its a currently	valid OM eficially O	IB control r		e iorm		
(Instr. 3) Price of		Conversion Date or Exercise (Month/Day/Year) Price of Derivative Execution Date, if any (Month/Day/Year)		4. 5. Number of Derivating Code Securities		er ative es d (A) sed	e Expiration Date (Month/Day/Year) o			s	(Instr. 5) Ben Ow Foll Rep		Ownershi Form of Derivativ Security: Direct (D or Indirects)	Beneficia Ownersh (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Options	\$ 1.1	12/04/2020		A		25,000		(1)	12/04/2030	Commo	125.000	\$ 0	25,000	D	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Logal Adam 40 SPEEN STREET, SUITE 102 FRAMINGHAM, MA 01701	X					

Signatures

/s/ Adam Logal	12/08/2020
**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)
- (1) The Options vest 100% on the twelve-month anniversary of 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.