FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

BENEFICIAL OWNERSHIP

Check this box if no longer subject to	STATEMENT OF CHANGES IN
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the

OMB APPROVAL OMB Number: 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

1. Name and Address of Reporting Person* <u>CRAIG STEWART</u>					2. Issuer Name and Ticker or Trading Symbol XCYTE THERAPIES INC [XCYT]							Relationship eck all applic Directo	cable) or	ig Pers	son(s) to Iss 10% Ov Other (s	ner	
(Last) 1124 CO	`	irst) STREET, SUITE	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/09/2004								Officer (give title below) COO and V			респу
(Street) SEATTL (City)			98104 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - Non-	-Deriv	ative	e Se	curities	s Ac	quired, D	sposed	of, or Be	neficial	ly Owned	l			
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)				Execution Date,		Code (Instr. 5)			Securitie Benefici Owned F	5. Amount of Securities Beneficially Owned Following Reported		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
						Code V	Amoun	(A) o	r Price	Transact (Instr. 3	ion(s)			(Instr. 4)			
		-	Fable II - D						uired, Dis , options,				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate, T	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (Right to	\$2.14	12/09/2004			A		40,000		(1)	12/09/2014	Common	40,000	\$2.14	40,00	0	D	

Explanation of Responses:

1. 1/60th of total number of shares vest monthly for 36 months and 1/30th of the option shares vest monthly thereafter untill all shares are fully vested.

Remarks:

By: Joanna S. Black, under **POA**

** Signature of Reporting Person

12/13/2004

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

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

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 Number.