FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20045	

Washington D.C. 20549

## 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

**OMB APPROVAL** 3235-0287 Estimated average burden 0.5 hours per response

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*						2. Issuer Name <b>and</b> Ticker or Trading Symbol XCYTE THERAPIES INC [XCYT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
BERENSON RONALD J												7	Oirecto	r		10% Ow	ner		
I (Last) (Filst) (Middle) I					Date of Earliest Transaction (Month/Day/Year)								Officer below)	(give title		Other (s below)	pecify		
1124 COLUMBIA STREET, SUITE 130						02/03/2005								President and CEO					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)					
SEATTLE WA 98104												X Form filed by One Reporting Person							
(City) (State) (Zip)													Form filed by More than One Reporting Person				ing		
		Та	ble I - Non-D	Derivati	ve Se	ecuritie	s Ac	quired, D	ispos	ed o	f, or Be	neficially	/ Owned						
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date,		Code (Instr.			5. Amour Securitie Beneficia Owned F Reported	s Illy ollowing	6. Own Form: I (D) or I (I) (Inst	Direct I Indirect E tr. 4) (	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	/ Am	ount	(A) o (D)	r Price	Transacti (Instr. 3 a	action(s)		(	111511.4)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea	on Date, Code (Instr. 8)  Day/Year)  Day/Year)  Day/Year)  Day/Year)  Day/Year)  Day/Year)  Day/Year)  Day/Year)  Domivat Securit Acquire or Disp of (D) (I				6. Date Exercisable and Expiration Date (Month/Day/Year)		and	7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
						(A)	(D)	Date Exercisable	Expira Date	ation	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)					
Employee Stock Option (Right to Buy) <sup>(1)</sup>	\$2,29	02/03/2005		A		100,000		(2)	02/03/	2015	Common	100,000	\$2.29	100,000	0	D			

## **Explanation of Responses:**

- 1. Option grant is granted under the Company's 2003 Stock Plan which was amended by the Board of Directors on January 28, 2005 but is still subject to stockholders' approval at the Company's next annual stockholders' meeting.
- 2. On February 3, 2005, this reporting person was granted an Option to purchase shares of Common Stock. This Option vests and becomes exercisable based on the satisfaction of certain company milestones as determined by the Board of Directors of Xcyte Therapies, except that in any event, 100% of the unvested Option shall vest upon the date that is the four-year anniversary of the vesting commencement date of such Option.

By: Kathi Cordova, under POA 02/07/2005

\*\* Signature of Reporting Person Date

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.