FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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*  Romel Lawrence A						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)						
						ACTIL HILIAHILDING [ACTI]									tor		10% Ov	wner		
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)									Officer (give title below)		Other (specify below)			
						02/03/2005									VP Clinica	al Op	erations			
1124 COLUMBIA STREET, SUITE 130																				
(Street)				- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
SEATTL	E W	A	98104											X Forn	filed by On	e Rep	orting Perso	on		
(City) (State) (Zip)				-									Form filed by More than One Reporting Person							
(0,)			(=.P)																	
		Tab	le I - Nor	า-Deriv	vative	Se	curities	s Ac	quired, D	ispos	ed c	of, or Be	neficial	ly Own	ed					
1. Title of	Security (Inst	tr. 3)		2. Trans	saction	ction 2A. Deemed 3. 4. Securities Acquired (A								ount of			7. Nature			
Date (Month/Da					/Day/Ye		Execution Date, if any (Month/Day/Year)		Transact Code (In				of (D) (Instr. 3, 4 and		Beneficially (D)			of Indirect Beneficial Ownership (Instr. 4)		
					,									Owne			Instr. 4)			
						Code			/ Am	nount	(A) or Price		Transa	ction(s)			(111511. 4)			
									iount (D)		1	(Instr.	nstr. 3 and 4)							
		ī							uired, Dis , options	•		•		Owned	I					
1. Title of	2.	3. Transaction	3A. Deeme	2d	4.		5. Num	her	6. Date Exer	risahle a	and	7. Title an	d.	8. Price o	f 9. Numbe	r of	10.	11. Nature		
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Iransaction Date (Month/Day/Year)	Execution if any (Month/Da	Date,	Transa Code ( 8)		of I		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative (Instr. 3 an		f g Security	Derivative Security (Instr. 5)	derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
					Code	v	(A)					Title	Amount							
									Date Exercisable	Expirat Date	ition		or Number of Shares							
Employee											$\neg$				1					
Stock Option (Right to	\$2.29	02/03/2005			A		5,000		(2)	02/03/2	2015	Common	5,000	\$2.29	5,000	)	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.

- $^{\star}$  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.