FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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** 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*  FROHLICH MARK							2. Issuer Name and Ticker or Trading Symbol  XCYTE THERAPIES INC [ XCYT ]							cable) or (give title	ig Pers	10% Ow Other (s	ner
(Last) (First) (Middle) 1124 COLUMBIA STREET, SUITE 130						3. Date of Earliest Transaction (Month/Day/Year) 12/09/2004							Medical Director and VP				
(Street) SEATTLE WA 98104 (City) (State) (Zip)					- 4. l	4. If Amendment, Date of 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				
		Tab	le I - Non	-Deriv	/ative	e Se	curities	s Ac	quired, Di	sposed o	of, or Be	neficial	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ear)   i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Inst	on Dispose	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		Beneficia	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code V	Amount	(A) oi (D)	Price	Transact (Instr. 3 a	ion(s)			
		-	Fable II - E						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,	4. Transactio Code (Inst 8)				6. Date Exerc Expiration Da (Month/Day/\)	ate	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	ber				
Employee Stock Option (Right to	\$2.14	12/09/2004			A		20,000		(1)	12/09/2014	Common	20,000	\$2.14	20,00	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 12/13/2004 **POA** 

\*\* Signature of Reporting Person

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.