

INITIAL STATEMENT OF 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

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>CORDOVA L KATHI</u> (Last) (First) (Middle) <u>C/O XCYTE THERAPIES</u> <u>1124 COLUMBIA STREET, SUITE 130</u> (Street) <u>SEATTLE WA 98104</u> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>03/16/2004</u>	3. Issuer Name and Ticker or Trading Symbol <u>XCYTE THERAPIES INC [XCYT]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <p align="center"><u>SVP, Pres. Finance, Treasurer</u></p>	5. If Amendment, Date of Original Filed (Month/Day/Year) <u>03/10/2004</u>
6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person			

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
<u>Common Stock</u>	<u>13,636</u>	<u>D</u>	

Table II - Derivative Securities Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				
<u>Employee Stock Option (right to buy)</u>	<u>01/31/2006⁽¹⁾</u>	<u>01/31/2012</u>	<u>Common Stock</u> 14,545	<u>5.5</u>	<u>D</u>	
<u>Employee Stock Option (right to buy)</u>	<u>09/23/2007⁽²⁾</u>	<u>09/22/2013</u>	<u>Common Stock</u> 18,181	<u>5.5</u>	<u>D</u>	
<u>Employee Stock Option (right to buy)</u>	<u>09/01/2004⁽³⁾</u>	<u>10/18/2009</u>	<u>Common Stock</u> 4,545	<u>0.9125</u>	<u>D</u>	

Explanation of Responses:

- Shares shall vest at a rate of: 1/60th of total number of shares shall vest each month beginning January 31, 2002 for 36 months, then 1/30th of the total number of shares shall vest each month for the remaining 12 months until all shares are fully vested on January 31, 2006.
- Shares shall vest at a rate of: 1/60th of total number of shares shall vest each month beginning September 23, 2003 for 36 months, then 1/30th of the total number of shares shall vest each month for the remaining 12 months until all shares are fully vested on September 23, 2007.
- Shares shall vest at a rate of: 1/60th of total number of shares shall vest each month beginning September 1, 2000 for 36 months, then 1/30th of the total number of shares shall vest each month for the remaining 12 months until all shares are fully vested on September 1, 2004.

/s/ Joanna Lin Black, Attorney-in-Fact for Kathi L. Cordova 03/16/2004

** 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 5 (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.

POWER OF ATTORNEY

Know all by these presents, that the undersigned hereby constitutes and appoints each of Kathi Cordova and Joanna Lin Black, signing singly, the undersigned (1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer, director and/or 10% stockholder of Xcyte Therapies, Inc. (the (2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form ID, 3, 4 or (3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary and proper. This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 or 5 with respect to the undersigned. IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 4th day of March, 2004.

/S/Kathi Cordova

Signature

Kathi Cordova

Print Name