

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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>HIGHBRIDGE CAPITAL CORP</u> (Last) (First) (Middle) THE CAYMAN CORPORATE CENTRE, 4TH FLOOR 27 HOSPITAL ROAD, GEORGE TOWN (Street) GRAND CAYMAN E9 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 10/29/2004	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 <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 11/08/2004 6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" 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)
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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	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
HIGHBRIDGE CAPITAL CORP
 (Last) (First) (Middle)
 THE CAYMAN CORPORATE CENTRE, 4TH FLOOR
 27 HOSPITAL ROAD, GEORGE TOWN
 (Street)
 GRAND CAYMAN E9
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
HIGHBRIDGE CAPITAL MANAGEMENT LLC
 (Last) (First) (Middle)
 9 WEST 57TH STREET
 27TH FLOOR
 (Street)
 NEW YORK NY 10019
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Dubin Glenn
 (Last) (First) (Middle)
 C/O HIGHBRIDGE CAPITAL MANAGEMENT, LLC
 9 WEST 57TH STREET, 27TH FLOOR

(Street)
NEW YORK NY 10019

(City) (State) (Zip)

1. Name and Address of Reporting Person*
[Swieca Henry](#)

(Last) (First) (Middle)
C/O HIGHBRIDGE CAPITAL MANAGEMENT, LLC
9 WEST 57TH STREET, 27TH FLOOR

(Street)
NEW YORK NY 10019

(City) (State) (Zip)

1. Name and Address of Reporting Person*
[Highbridge International LLC](#)

(Last) (First) (Middle)
THE CAYMAN CORPORATE CENTRE, 4TH FLOOR
27 HOSPITAL ROAD

(Street)
GEORGE TOWN,
GRAND E9
CAYMAN

(City) (State) (Zip)

Explanation of Responses:

Remarks:

This amendment to the Form 3 filed on November 8, 2004 is being filed because certain of the signatories to such Form 3 did not have CCC and CIK numbers at the time of such filing. Note, however, that as a result of an increase in the number of Xcyte's outstanding Common Stock, the Reporting Persons are no longer 10% owners subject to Section 16 of the Securities Exchange Act of 1934, as amended.

No securities are beneficially owned.

Highbridge Capital Corporation, By: /s/ Howard Feitelbert, Controller	12/21/2004
Highbridge International LLC, By: /s/ Howard Feitelberg, Director	12/21/2004
Highbridge Capital Management, LLC, By: /s/ Ronald S. Resnick, Managing Director	12/21/2004
By: /s/ Glenn Dubin	12/21/2004
By: /s/ Henry Swieca	12/21/2004

** 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.

Joint Filer Information

NAME: HIGHBRIDGE INTERNATIONAL LLC

ADDRESS: The Cayman Corporate Centre, 4th Floor
27 Hospital Road
George Town, Grand Cayman
Cayman Islands, British West Indies

DESIGNATED FILER: Highbridge Capital Corporation

ISSUER: Xcyte Therapies, Inc.

DATE OF EVENT REQUIRING STATEMENT: October 29, 2004

SIGNATURE: HIGHBRIDGE INTERNATIONAL LLC

By: /s/ Howard Feitelberg

Name: Howard Feitelberg
Title: Director

Joint Filer Information

NAME: HIGHBRIDGE CAPITAL MANAGEMENT, LLC

ADDRESS: 9 West 57th Street, 27th Floor
New York, New York 10019

DESIGNATED FILER: Highbridge Capital Corporation

ISSUER: Xcyte Therapies, Inc.

DATE OF EVENT REQUIRING STATEMENT: October 29, 2004

SIGNATURE: HIGHBRIDGE CAPITAL MANAGEMENT, LLC

By: /s/ Ronald S. Resnick

Name: Ronald S. Resnick
Title: Managing Director

Joint Filer Information

NAME: GLENN DUBIN

ADDRESS: c/o Highbridge Capital Management, LLC
9 West 57th Street, 27th Floor
New York, New York 10019

DESIGNATED FILER: Highbridge Capital Corporation

ISSUER: Xcyte Therapies, Inc.

DATE OF EVENT REQUIRING STATEMENT: October 29, 2004

SIGNATURE:

/s/ Glenn Dubin

GLENN DUBIN

Joint Filer Information

NAME: HENRY SWIECA

ADDRESS: c/o Highbridge Capital Management, LLC
9 West 57th Street, 27th Floor
New York, New York 10019

DESIGNATED FILER: Highbridge Capital Corporation

ISSUER: Xcyte Therapies, Inc.

DATE OF EVENT REQUIRING STATEMENT: October 29, 2004

SIGNATURE:

/s/ Henry Swieca

HENRY SWIECA