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

Name and Address of Reporting Person* Haley Patrick J.															k all applic Directo	onship of Reporting all applicable) Director Officer (give title		on(s) to Issi 10% Ov Other (s	vner
	ELIXIS, II	•	C.					3. Date of Earliest Transaction (Month/Day/Year) 03/26/2019									below) b		
(Street) ALAME (City)		CA State)	94502 (Zip)						·		d (Month/Da	,		Line) X	Form fi Form fi Person	led by One led by Mor	e Repo	(Check Apporting Person	n
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				ction	2A Ex r) if	2A. Deemed Execution Date, f any		3. Transa	Transaction Disposed O Code (Instr.			d (A) or	5. Amount of Securities Beneficially Owned Foll		nt of es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price)	Reported Transact (Instr. 3	tion(s)			(Instr. 4)
Common Stock				03/26/	03/26/2019				М		2,700	A	\$5	5.18	92,480 ⁽¹⁾			D	
Common	Common Stock			03/26/	3/26/2019				S ⁽²⁾		2,700	D	\$23	.47 ⁽³⁾	(3) 89,780			D	
Common Stock													23,539				By spouse		
Common Stock														10,648(4)				By 401(k)	
			Table II								osed of, converti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/D	n Date,	Pate, Transaction of Code (Instr. Derivative (6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and					E	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Direct or Inc (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amor or Num of Share	ber					
Option (right to	\$5.18	03/26/2019			M			2,700	03/30/203	13 ⁽⁵⁾	03/29/2019	Common Stock	2,70	00	\$0	0		D	

Explanation of Responses:

- 1. Includes 49,234 shares of Exelixis, Inc. common stock that will be issued to the Reporting Person upon vesting of restricted stock units.
- 2. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on November 23, 2018.
- 3. Represents the weighted average sales price. The shares were sold in multiple transactions at prices ranging from \$23.33 to \$23.63. Reporting Person undertakes to provide Exelixis, Inc., any security holder of Exelixis, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote 3 to this
- 4. Represents shares of Exelixis, Inc. common stock under the Exelixis, Inc. 401(k) Plan, pursuant to a plan statement dated as of March 25, 2019.
- 5. The option, representing the right to purchase a total of 2,700 shares of Exelixis, Inc. common stock, became fully exercisable on March 30, 2016.

Remarks:

/s/ Jennifer Drimmer Rokovich, Attorney in Fact

** Signature of Reporting Person

03/27/2019

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.