FORM 4

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

Washington, D.C. 20549

l	ONID APPRO	VAL
l	OMB Number:	3235-0287
l	Estimated average burde	n
l	hours per response:	0.5

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

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*     Schwab Gisela						2. Issuer Name and Ticker or Trading Symbol EXELIXIS, INC. [ EXEL ]								eck all applic Directo	able)	on(s) to Issuer  10% Owner  Other (specify				
	ELIXIS, IN	First) C. Y PARKWAY	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/25/2019								below)						
(Street) ALAMEDA CA 94502 (City) (State) (Zip)							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					
		Ta	able I - No	on-De	rivati	ive S	ecuritie	s Ac	quired	, Di	sposed o	f, or Bei	neficiall	y Owned						
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date					Execution Date,				es Acquired (A) or Of (D) (Instr. 3, 4 and		Beneficia Owned F	s illy ollowing	Form (D) or	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock 03/25/2					25/201	019 M 100		100,000	) A	\$7.18	416,	416,513(1)		D						
Common Stock 03/25/2					25/201	2019		S <sup>(2)</sup>		100,000	) D	\$23.14	23.14 <sup>(3)</sup> 316		5,513					
Common Stock														14,7	′38 <sup>(4)</sup>			By 401(k)		
			Table II								oosed of, convertil			Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution	Date,	4. Transaction Code (Instr. 8)		Derivative		6. Date Exercis Expiration Date (Month/Day/Ye		е	7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)		e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)					
Option (right to	\$7.18	03/25/2019			M		100,000		12/09/20:	10 <sup>(5)</sup>	12/08/2019	Common Stock	100,000	\$0	63,10	09	D			

## **Explanation of Responses:**

- 1. Includes 66,250 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 February 21, 2019.
- 3. Represents the weighted average sales price. The shares were sold in multiple transactions at prices ranging from \$23.00 to \$23.31. 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 Form 4.
- 4. Represents shares of Exelixis, Inc. common stock under the Exelixis, Inc. 401(k) Plan, pursuant to a plan statement dated as of March 22, 2019.
- 5. The option, representing the right to purchase a total of 195,409 shares of Exelixis, Inc. common stock, became fully exercisable on December 9, 2013.

## Remarks:

/s/ Jennifer Drimmer Rokovich, Attorney in Fact

\*\* 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 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.