FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFICI	AL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or Sec	ction 30(n)	or the	e inv	estment	Con	npany Act	01 1940								
l	nd Address of	Reporting Person*				er Name ar LIXIS,					mbol				lationship o ck all applica Director	able)	g Perso	on(s) to Issu		
	1														Officer	give title		Other (s		
			<i>.</i>	h	2 Data	of Fauliant	Tunna		on (Mont	th/D	a(\/a a.v)			X	below)	give title		below)	pecily	
(Last)	,	First)	(Middle)		09/10/	of Earliest	. IIalis	Saci	OII (IVIOIII	טווו)	ay/ rear)					EVP a	ınd CI	FO		
C/O EXI	ELIXIS, IN	C.			05/10/	2010														
1851 HA	RBOR BA	Y PARKWAY		L																
					4. If Am	endment,	Date o	of O	riginal Fil	led (Month/Day	//Year)			lividual or Jo	oint/Group	Filing	(Check App	licable	
(Street)														Line)						
ALAME	DA C	Α	94502											X	Form fil	ed by One	Repo	rting Person		
															Form filed by More than One Reporting					
(O:t-)	(6	24-4-3	(7:)												Person					
(City)	(8	State)	(Zip)																	
		Ta	able I - Non-	Deriva	ive S	ecuritie	s Ac	qu	ired, D	Disp	osed o	f, or B	ene	eficially	Owned					
1. Title of	Security (Inst	tr. 3)	2	2. Transac	action 2A. Deemed			3. 4. Securities			es Acquired (A) or			5. Amount of			7. Nature of			
Date (Month/I			Date Month/Da	y/Year)	Execution Dat if any (Month/Day/Ye		΄ Ι	Code (Instr.		Disposed	Of (D) (Instr. 3, 4		3, 4 and 5)	Securities Beneficially Owned Following		Form: (D) or (I) (Ins	Indirect E	ndirect Beneficial Ownership		
					(Monthly)	ayrıca	"' -	9)						Reported		(1) (1113		(Instr. 4)		
									Code	/	Amount	ınt (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)					
			Table II - D	orivoti	10 Co.	ourition	Λοα		od Die		and of	or Po	n o f	ioially C	hamad			-		
											onvertik				wneu					
1. Title of	2.	4.	5. Number of 6. Date Exercisable and 7. Title and Amo						Amount	8. Price of	9. Numbe	or of	10.	11. Nature						
Derivative	Conversion		3A. Deemed Execution Dat	, Trans	action	Derivative		e Expiration Date of Securities (Month/Day/Year) Underlying					Derivative	derivative		Ownership	of Indirect			
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day/Yea		de (Instr. Securities Acquired							ecurity	Security (Instr. 5)	Securities Beneficially			Beneficial Ownership			
(Derivative Security	, 3,		or Dispo	or Disposed		(Instr. 3 and 4)				(Owned	or Indirect	(Instr. 4)						
				of (D) (Instr. 3, 4 and 5)							Following Reported		(I) (Instr. 4)							
					T					Т				Amount		Transaction	ion(s)			
							Ш		_		Expiration Date		or	or		(111511.4)				
				Code	. v	(A)	(D)	Dat Exe	e rcisable			Title		Number of Shares						
Option (right to	\$18.8	09/10/2018		A		129,314		00/	10/2019 ⁽¹) [9/09/2025	Commo		129,314	\$0	129.3	14	D		
buy)	Ψ10.0	03/10/2010		^		123,314	П	09/1	10/2019	Ι,	5,05,2025	Stock		0,014	Ψ0	123,3	1-7	"		

Explanation of Responses:

1. Option granted pursuant to the Exelixis, Inc. 2017 Equity Incentive Plan. Option granted will vest as to 1/4th of the original number of shares subject to the option on the one-year anniversary of the Transaction Date, and thereafter as to 1/48th of the original number of shares subject to the option on each monthly anniversary of the Transaction Date.

Remarks:

/s/ Jennifer Drimmer Rokovich, Attorney in Fact 09/12/2018

** 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.