FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number: 3235-0104

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

					OI OCCIOII O	o(ii) or the iii	estment Company Act of 1940						
Name and Address of Reporting Person* Freire Maria C				2. Date of Event Requiring Statement (Month/Day/Year) 04/05/2018			3. Issuer Name and Ticker or Trading Symbol EXELIXIS, INC. [EXEL]						
(Last)	(First)	(Middle)											
C/O EXELIXIS, INC.						Relationship of Reporting Person(s) to Issuer (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)			
210 E. GRAND AVE.							X Director		10% Owner				
							Officer (give title below) Other (specify below)		below)	Individual or Joint/Group Filing (Check Applicable Line) Y Form filed by One Reporting Person			
(Street)										X	•	, ,	
SOUTH SAN FRANCISCO	CA	94080									Form filed by Mor	re than One Reporting Person	
(City)	(State)	(Zip)											
Table I - Non-Derivative Securities Beneficially Owned													
					2. Amount of (Instr. 4)	f Securities Beneficially Owned		Ownership Form: Direct 4. Na O) or Indirect (I) (Instr. 5)		Nature of Indirect Beneficial Ownership (Instr. 5)			
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 Deri (Instr. 4)		4. Con Exerci of Der Securi		Price Form: Direct (D) or		6. Nature of Indirect Beneficial Ownership (Instr. 5)	
				Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Security				

Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

No securities are beneficially owned.

04/09/2018

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 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 Michael M. Morrissey, Christopher J. Senner and Jennifer Drimmer Rokovich of Exelix: 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, c This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 and Schedules 13D and 13G with rest In Witness Whereof, the undersigned has caused this Power of Attorney to be executed as of this 5th day of April, 2018.

Maria C. Freire Print Name

/s/ Maria C. Freire Signature