### 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*     Schwab Gisela						2. Issuer Name and Ticker or Trading Symbol EXELIXIS, INC. [ EXEL ]										all app Direct Office	olicable) ctor er (give title	ig Pers	Person(s) to Issuer  10% Owner Other (specify		
(Last) (First) (Middle) C/O EXELIXIS, INC. 1851 HARBOR BAY PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 11/15/2019									X below) below) Pres, Prod Dev & Med Aff & CMO						
(Street) ALAME			94502 Zip)		_ 4. If	Line)										Individual or Joint/Group Filing (Check Applicable le)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
				2. Transaction Date (Month/Day/Year)		ır) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction D		Disposed	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Securi Benefi Owne	cially d Following	Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(111501.4)	
Common Stock 11/15					5/2019	2019					9,685	1)	D	\$16.51		316,140(2)			D		
Common Stock 11/15				/2019				F		2,583(3	3)	D	\$16.51		313,557			D			
Common Stock																14,880(4)			I	By 401(k)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)			ransaction code (Instr. )		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount of Numbe of Title Shares		ount mber			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O F D o (I	Downership Form: Direct (D) Or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

#### **Explanation of Responses:**

- 1. Shares withheld by Exelixis, Inc. to satisfy taxes payable in connection with the vesting of restricted stock units awarded October 3, 2017.
- 2. Includes 47,698 shares of Exelixis, Inc. common stock that will be issued to the Reporting Person upon vesting of restricted stock units and 888 and 606 shares of common stock acquired on April 30, 2019 and October 31, 2019, respectively, pursuant to the Exelixis, Inc. 2000 Employee Stock Purchase Plan.
- 3. Shares withheld by Exelixis, Inc. to satisfy taxes payable in connection with the vesting of restricted stock units awarded September 22, 2016.
- 4. Represents shares of Exelixis, Inc. common stock under the Exelixis, Inc. 401(k) Plan, pursuant to a plan statement dated as of November 14, 2019.

# Remarks:

/s/ Jennifer Drimmer Rokovich, Attorney in Fact

11/15/2019

\*\* 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.