FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. | 20549 |
|---------------|------|-------|
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| 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

| 1. Name and Address of Reporting Person* <u>Hessekiel Jeffrey</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol EXELIXIS, INC. [EXEL] | | | | | | | | | k all ap Dire | olicable) | g Person(s) to Issu 10% Ow Other (sp | | wner |
|---|--|------|------------------------------|-----------------|---|---|--|------|---|--------|-----------------------|--|---|---|--|--|--|--------------|------------|
| (Last) (First) (Middle) C/O EXELIXIS, INC. 210 E. GRAND AVE. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/04/2018 | | | | | | | | X | belo E | w) VP and Ge | | nsel | | |
| (Street) SOUTH FRANCI (City) | SCO CA | |)4080 Zip) | | 4. If | | | | | | | | 6. Ind Line) X | Forr Forr | or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Ac | quired | l, Dis | sposed o | f, or E | Benef | cially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | 3. Transaction Code (Instr. 8) | | | | | | Secui Bene Owne | ficially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | ct ect | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Prid | | ce | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common | Stock | | | 05/04/ | 2018 | | | | S | | 20,000 | D | \$2 | 2.36(1) | 319,450 ⁽²⁾ D | | | | |
| Common | Stock | | | | | | | | | | | | | | 617 ⁽³⁾ I By 401 | | | By 401(k) | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative rirty Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of Title Shares | | Dei Sec (Ins | Price of ivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct or India (I) (Inst | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. Represents the weighted average sales price. The shares were sold in multiple transactions at prices ranging from \$22.20 to \$22.52. 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 1 to this Form 4.
- 2. Includes 62,187 shares of Exelixis, Inc. common stock that will be issued to the Reporting Person upon vesting of restricted stock units.
- 3. Represents shares of Exelixis, Inc. common stock under the Exelixis, Inc. 401(k) Plan, pursuant to a plan statement dated as of May 4, 2018.

Remarks:

/s/ Jennifer Drimmer Rokovich, Attorney in Fact

05/07/2018

** 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.