FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/19
vvasiiiiiqtuii,	D.C.	20349

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
	Estimated average burd	en
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).

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* Haley Patrick J. (Last) (First) (Middle) C/O EXELIXIS, INC. 1851 HARBOR BAY PARKWAY						2. Issuer Name and Ticker or Trading Symbol EXELIXIS, INC. [EXEL] 3. Date of Earliest Transaction (Month/Day/Year) 01/10/2019									(Ch	S. Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Sr. Vice President, Commercial				vner specify
(Street)			94502		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(5		(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date		Date	Transaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.						5. Amou Securition Benefici Owned I Reporte	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code	v	Amount	(A) or (D)		Price	Transac (Instr. 3	tion(s)			(instr. 4)
Common	Common Stock 01/10/2			0/201	9)			M		2,000	2,000		\$1.76	99,	D11 ⁽¹⁾		D		
Common Stock			01/1	01/10/2019					S ⁽²⁾		2,000)	D	\$24	97	,011		D		
Common Stock			01/1	/10/2019					S ⁽²⁾		1,000)	D	\$23.5	4 96	,011		D		
Common Stock															23	,539			By spouse	
Common Stock																10,3	283 ⁽³⁾			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)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (8)		of Deri Sec Acq (A) o Disp of (I	oosed O) tr. 3, 4	Ex	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owi Fori Ily Dire or Ii (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Da Ex	ite ercisabl		Expiration Date	Title	1	Amount or Number of Shares					
Option (right to buy)	\$1.76	01/10/2019			M			2,000	11/	/17/2015	(4)	11/16/2021		imon ock	2,000	\$0	23,37	5	D	

Explanation of Responses:

- 1. Includes 49,234 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 November 23, 2018.
- 3. Represents shares of Exelixis, Inc. common stock under the Exelixis, Inc. 401(k) Plan, pursuant to a plan statement dated as of January 9, 2019.
- 4. The option, representing the right to purchase a total of 50,000 shares of Exelixis, Inc. common stock, became fully exercisable on November 17, 2018.

Remarks:

/s/ Jennifer Drimmer Rokovich, Attorney in Fact

01/11/2019

** 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.