FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject
o Section 16. Form 4 or Form 5
obligations may continue. See
netruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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* Senner Christopher J.					2. Issuer Name and Ticker or Trading Symbol EXELIXIS, INC. [EXEL]										ationship of Reporting all applicable) Director Officer (give title		ng Person(s) to iss 10% Owi Other (sp		wner
l .	(Last) (First) (Middle) C/O EXELIXIS, INC. 1851 HARBOR BAY PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 03/04/2021									below) below) EVP and CFO				
(Street) ALAME			4502		4. If A	ment,	Date of	f Origina	l Filed	i (Month/Da	y/Year)		6. Indi Line) X	Form filed by More than One Reporting Ferson Form filed by More than One Reporting Person					
(City)	(51		Zip)																
1. Title of Security (Instr. 3)			2. Transac Date (Month/Da	ction 2A. I Exec ay/Year) if an		Deemed ecution Date,		3. Transaction Code (Instr. 8)) or 5. Amo 4 and Securi Benefi		unt of ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount	(A) (D)	or Pric	е	Transaction(s) (Instr. 3 and 4)				(11301.4)		
Common Stock ⁽¹⁾ 03				03/04/2	021(2)				A		64,150	A	1 5	\$ <mark>0</mark>	356,591 ⁽³⁾			D	
Common Stock															2,	,723 ⁽⁴⁾			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)	ative Conversion Date Execution Date, Trairity or Exercise (Month/Day/Year) if any				Transa Code (Transaction Code (Instr.		vative vities vired r osed) r. 3, 4	6. Date I Expirati (Month/I	on Da			int of ities rlying ative ity (Instr.	Dei Sed (Ins	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		(A)	(D)			Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. Represents shares of Exelixis, Inc. common stock issued to the Reporting Person upon vesting of restricted stock units. Each restricted stock unit is the economic equivalent of one share of Exelixis, Inc. common stock.
- 2. The restricted stock units were granted to the Reporting Person on the Transaction Date pursuant to the Exelixis, Inc. 2017 Equity Incentive Plan. The restricted stock units will vest as to 1/4th of the original number of shares subject to the restricted stock unit award on May 15, 2022 and thereafter as to 1/4th of the original number of shares subject to the restricted stock unit award on each May 15th
- 3. Includes 208,343 shares of Exelixis, Inc. common stock that will be issued to the Reporting Person upon vesting of restricted stock units.
- 4. Represents shares of Exelixis, Inc. common stock under the Exelixis, Inc. 401(k) Plan, pursuant to a plan statement dated as of March 3, 2021.

Remarks:

/s/ Jennifer Drimmer Rokovich, Attorney in Fact

03/05/2021

** Signature of Reporting Person

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.