FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to | STATEM |
|--|--------|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | F |

ENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|----------------|-------------|--|--|--|--|--|--|--|--|
| OMB Number | 3235-0287 | | | | | | | | |
| Estimated ave | rage burden | | | | | | | | |
| hours per resp | oonse: 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

| Haley I (Last) C/O EXE | Name and Address of Reporting Person* Haley Patrick J. Last) (First) (Middle) C/O EXELIXIS, INC. 851 HARBOR BAY PARKWAY | | | | | | Issuer Name and Ticker or Trading Symbol EXELIXIS, INC. [EXEL] Date of Earliest Transaction (Month/Day/Year) 09/10/2019 | | | | | | | | | | 5. Relationship of Reportin (Check all applicable) Director X Officer (give title below) Sr. Vice Presid | | | g Person(s) to Issuer 10% Owner Other (specify below) ent, Commercial | |
|--|---|-----|--------------------------|---|--|---|--|---------------------|--|---|---------------------|---|---------------|------|------------------------|---|---|---|--|---|--|
| (Street) ALAME | DA C | A 9 | 94502 Zip) | | 4. If | | | | | | | | | | ine) X | Forn Forn | al or Joint/Group Filing (Check Applicable 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 | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disp Code (Instr. 5) | | Disposed | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Sec Ber Ow | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Pric | е | Trans | Reported Fransaction(s) Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock | | | | 09/10/2019 | | | | | S ⁽¹⁾ | | 1,000 | 1,000 D | | \$18 | 3.84 | 85,453 ⁽²⁾ | | | D | | |
| Common Stock | | | | | | | | | | | | | | | | 23,539 | | | I | By spouse | |
| Common Stock | | | | | | | | | | | | | | 10 | 10,648(3) | | I | By 401(k) | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any | | n Date, ay/Year) - | 4. Transaction Code (Instr. 8) | | n of Deriv Secu Acqu (A) o Disp of (D | r osed) r. 3, 4 | Expiration (Month/E | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiratio Date Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Oir or (I) | wnership orm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. 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.
- 2. Includes 49,234 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 September 9, 2019.

Remarks:

/s/ Jennifer Drimmer Rokovich, Attorney in Fact

09/12/2019

** 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.