FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVAL

OMB Number: 3235-0287
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## 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

								0		304110111		ipany Act o	31 20 10						
Name and Address of Reporting Person*  LATTS JEFFREY					2. Issuer Name <b>and</b> Ticker or Trading Symbol  EXELIXIS INC [ exel ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
		<u> </u>			.										Officer (	give title		Other (sp	· I
(Last)	(F	irst)	(Middle)			Date of Earliest Transaction (Month/Day/Year)									below)			below)	,
C/O EXELIXIS, INC						12/10/2003									Sr VP, Chief Medical Officer				
170 HARBOR WAY, PO BOX 511																			
				.  -															
(Street)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person				
SOUTH SAN			4																
FRANCISCO X		.1	94083-0511												Form filed by More than One Reporting				
					-										Person				
(City)	(S	tate)	(Zip)																
		Ta	ıble I - Nor	n_Deriv	vativ	νο S	ocuritio	<u> Λ</u>	cani	ired F	)iei	nosed o	f or Re	neficially	Owned				
			ible I - NOI			_			÷		ادار				_		I	-	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						2A. Deemed Execution Date		e,   T					d (A) or tr. 3, 4 and 5		Form		Direct II	. Nature of ndirect	
				Day/Year)		if any (Month/Day/Ye		ar)   8	Code (Instr. 8)					Owned Fo	Beneficially Owned Following			eneficial wnership	
							T,	Code V		Amount	(A) o	Price	Reported Transaction(s) (Instr. 3 and 4)		1	0	nstr. 4)		
									Code	<u> </u>	Amount	(D)			Price				
			Table II -	Deriva	ative	Sec	urities	Acc	quire	ed, Di	spo	sed of,	or Ben	eficially (	Owned				
				(e.g., p	puts	s, cal	ls, warı	ants	s, op	ptions	s, c	onvertik	ole secu	rities)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expi	6. Date Exercisable Expiration Date (Month/Day/Year)			and 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						v	(A)	(D)				Expiration Date		Amount or		(Instr. 4)	(5)	<b>'</b>	
					ode ,				Date	e rcisable			Title	Number of Shares					
Ontion					Jue	•	(~)	(5)	LAGI	· cisable	+	-uit	······	oi oilaies	<del>                                     </del>				<del>                                     </del>
Option (right to buy)	\$6.15	12/10/2003			A		115,000		12/1	10/2004 <sup>(1</sup>	1) 1	12/10/2013	Common Stock	115,000	\$0	380,0	00	D	

## **Explanation of Responses:**

1. Options granted pursuant to Issuer's 2000 Equity Incentive Plan. Twenty five percent (25%) of the shares vest on 12/10/2004, and the remaining shares shall vest in 36 equal monthly installments thereafter.

## Remarks:

George Scangos/Attorney in

12/12/2003

**Fact** 

\*\* 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.