Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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* SIMONTON PAMELA A					EXELIXIS INC [EXEL]										(Ch	eck all applic Directo	ationship of Reporting all applicable) Director Officer (give title		ng Person(s) to Issue 10% Own Other (spe	
	ELIXIS, IN	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/17/2006										below)	P, Patents	below)		
(Street) SOUTH FRANCE	ISCO X		94083-05:	11	4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(3			n-Deriv	vativ	e Se	curit	ies A	can	ired. I	Disi	nosed o	f. or	Ben	eficial	ly Owned				
1. Title of Security (Instr. 3)		2. Trans	2. Transaction		2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transac Code (Ir 8)	tion	4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			(A) or	5. Amou Securitie Beneficia Owned F	ınt of es	6. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect I	7. Nature of Indirect Beneficial Ownership		
									Code V A		Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	nmon Stock				04/17/2006					М		5,000		A	\$6.15	5 5,0	000		D	
Common	Stock			04/1	7/200	6				М		5,000		A	\$6.45	5 10,	,000		D	
Common	Stock			04/1	7/200	6				S ⁽¹⁾		5,000		D	\$10.8	4 5,000			D	
Common	Stock			04/1	7/200	6				S ⁽¹⁾		5,000		D	\$11		0		D	
Common	Stock															2,372(2)			I	By 401(k) Plan
			Table II -									osed of, onvertil				Owned			•	
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/Day	Date,	Code (Insti		of Deri Sec Acq (A) (Disp of (I	oosed O) tr. 3, 4	6. Date Exercisal Expiration Date (Month/Day/Year)				Amou Secu Unde Deriv	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owr Fori ly Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	e ercisable		Expiration Date	Title		Amount or Number of Shares					
Option (right to buy)	\$6.15	04/17/2006			M			5,000	12/:	10/2003 ⁽³	3) 1	2/09/2013	Comr		5,000	\$0.00	30,000	0	D	
Option (right to buy)	\$6.45	04/17/2006			M			5,000	01/2	29/2003 ⁽³	3) (01/28/2013	Comr		5,000	\$0.00	30,000	0	D	

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 March 22, 2006.
- 2. Represent units in the Exelixis stock fund based on a plan statement dated April 6, 2006.
- 3. Options granted pursuant to Issuer's 2000 Equity Incentive Plan. Twenty-five percent (25%) of the shares vest one year from the grant date, and the remaining shares vest in 36 equal monthly installments thereafter.

Remarks:

/s/ Christoph Pereira, Attorney

04/18/2006

** 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.