FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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Nashingto	n D	C 2	0549				

OMB AF	OMB APPROVAL								
OMB Number:	3235-0287								

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

OMB APPRO	VAL
OMB Number:	3235-0287
Estimated average burd	len
hours per response:	0.5

	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.
I	Name and Address of Reporting Person* eterson Amy C.

1. Name and Address of Reporting Person* Peterson Amy C.						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					wner	
(Last) (First) (Middle) 1851 HARBOR BAY PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 11/15/2024							Officer (give title Other (specify below)  EVP Prod Dev & Med Aff & CMO						
(Street) ALAMEDA CA 94502  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person						
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or E	Benef	icially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securi Benefi		ities Fricially (I d Following (I		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or P	rice	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			11/15/2	024		F		27,224 <sup>(1)</sup> D S		\$	35.05	294,897 <sup>(2)</sup>			D			
		Tal	ole II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		tion Date,	Transaction Code (Instr. 8) Sc Ad (A Di of (Irstr. 4) Code (Irstr. 5) Code (Irstr. 5) Code (Irstr. 6) Code (Ir		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instrand 5	rities lired r osed ) r. 3, 4	6. Date Exercisable a Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (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)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er							

## **Explanation of Responses:**

1. Shares withheld by Exelixis, Inc. to satisfy taxes payable in connection with the vesting of restricted stock units ("RSUs") awarded August 24, 2023.

2. Includes 262,121 shares of Exelixis, Inc. common stock ("Common Stock") that will be issued to the Reporting Person upon vesting of RSUs. Each RSU is the economic equivalent of one share of

## Remarks:

/s/ Nina Ayer, Attorney in Fact 11/19/2024

\*\* 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.