## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

## OMB APPROVAL OMB Number: 3235-0287

Estimated average burden	enne manne	011	0200	020.
	Estimated a	verage burde	n	
hours per response: 0	hours per re	esponse:		0.5

of Section So(h) of the investment Company Act of 1940																			
1. Name and Address of Reporting Person* FELDBAUM CARL B				2. Issuer Name and Ticker or Trading Symbol EXELIXIS INC [ EXEL ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
FELDI	<u>SAUM C</u>	ARL D			1					1				X	Director	r		10% Ow	ner
														_		(give title		Other (s	pecify
(Last)	```	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/14/2009						below)			below)					
C/O EXELIXIS, INC.						14/2	005												
249 EAST GRAND AVE., PO BOX 511																			
					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable							
(Street)											l í	Line) X Form filed by One Reporting Person							
	SOUTH SAN CA 94083-051		1								X Form filed by One Reporting Person Form filed by More than One Reporting								
FRANC	ISCO -														Person		e inan	гопе кероп	ung
,																			
(City)	(5	itate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L							a. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4			A) or	or 5. Amount 4 and Securities				7. Nature of ndirect				
				Day/Year) if		Execution Date		Code			1 OI (D) (Instr. 3, 2		, 4 anu	Beneficia	cially (D		r Indirect	Beneficial	
					(Month/Day/Ye			ear) 8)		<u> </u>			- Owned F Reported				Ownership (Instr. 4)		
				Code V Amount (A) or (D)				Price	ce Transaction(s) (Instr. 3 and 4)										
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
			1			Call	, 		, <b>,</b>	,									
1. Title of Derivative	2. Conversion	3. Transaction			4. Transaction		5. Number on of		6. Date Exercisable and Expiration Date 7. Title and Am of Securities				8. Price of Derivative			10. Ownership	11. Nature		
Security (Instr. 3)	Security or Exercise (Month/Day/Year) if any				ode (Instr.		Derivative Securities		(Month/Day/Year) Underlying Derivative Se			curity	Security (Instr. 5)	Securities Beneficially		Form: Direct (D)	Beneficial Ownershi		
(115111-0)	Derivative		(montanebuy	, ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	<ul> <li>Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</li> </ul>				(Instr. 3 and 4)				(1130.0)	Owned		or Indirect	(Instr. 4)		
	Security							str.					Following Reported Transaction(s) (Instr. 4)		(I) (Instr. 4)				
									<u> </u>		Arr		mount		·				
													0	r					
									Date		Expiration		0						
	1			Co	ode	v	(A)	(D)	Exercisab	ole	Date	Title	S	hares					1

Explanation of Responses:

\$4.16

Option

(right to buy)

1. Options granted pursuant to Issuer's 2000 Non-Employee Directors' Stock Option Plan. The option is exercisable immediately, subject to repurchase provisions, and will vest monthly over the following year. **Remarks:** 

05/14/2009<sup>(1)</sup>

/s/ James B. Bucher, Attorney in Fact

11,250

\$<mark>0</mark>

05/14/2009

Date

11,250

D

\*\* Signature of Reporting Person

Common

Stock

05/13/2019

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).

05/14/2009

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

А

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.

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