FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person*     POSTE GEORGE						2. Issuer Name and Ticker or Trading Symbol EXELIXIS, INC. [ EXEL ]									tionship all app Direc	,	ng Per	rson(s) to Is	
(Last)	(Fir	st) (N	3. Date of Earliest Transaction (Month/Day/Year) 08/08/2024										Office	er (give title v)		Other (s below)	specify		
C/O EXELIXIS, INC.						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
1851 HARBOR BAY PARKWAY														Line)  Form filed by One Reporting Person					
(Street) ALAMEDA CA 94502																filed by Mo		•	
ALAME	ALAMEDA CA 94302				Rule 10b5-1(c) Transaction Indication														
(City)	(St	ate) (Z	(Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													nded to
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					Execuif any	eemed ition Date, h/Day/Year)				s Acquired (A) or f (D) (Instr. 3, 4 ar		nd 5) Securit Benefic Owned		ties cially I Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 08/08/20					)24				S		33,725	D	\$26.8	<b>39</b> (1)	199	9,020(2)		D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed tion Date, h/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year		ate	7. Title Amou Securi Under Deriva Securi 3 and	nt of ities lying itive ity (Instr.	Der Sec	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. Represents the weighted average sales price. The shares were sold in multiple transactions at prices ranging from \$26.86 to \$26.96. Reporting Person undertakes to provide Exelixis, Inc., any security holder of Exelixis, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote 1 to this Form 4.
- 2. Includes 18,838 shares of Exelixis, Inc. common stock that will be issued to the Reporting Person upon vesting of restricted stock units ("RSUs"). Each RSU is the economic equivalent of one share of Exelixis, Inc. common stock.

## Remarks:

/s/ Nina Ayer, Attorney in Fact 08/12/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.