FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

vvasimigton,	D.O.	20040	

OMB APPROVAL										
OMB Number:	3235-0287									
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0.5

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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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*     Schwab Gisela					2. Issuer Name and Ticker or Trading Symbol  EXELIXIS, INC. [ EXEL ]  5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner																
					-											give title		Other (s	specify		
(Last)	(F	First)	(Middle)		3 1	Date o	of Farl	iest Tran	saction (N	1onth	/Day/Year)			<b>-</b>   ^	Pres Prod Dev & Med Aff & CMO						
C/O EXI	ELIXIS, IN	C.				04/2		ioot man	ououori (ii		<i>Day,</i> . oa. ,										
210 E. GRAND AVE.																					
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) SOUTH	CAN													Line)		ad by One	Dono	rtina Doroo			
FRANCI	C	A	94080											_	X Form filed by One Reporting Person  Form filed by More than One Reporting						
					_										Person	ей бу мог	e man	One Repor	urig		
(City)	(S	State)	(Zip)	ip)																	
		Tal	ble I - Noi	n-Deriv	vativ	e Se	curi	ties Ac	quired	, Dis	sposed o	f, or E	Bene	ficially	/ Owned						
1. Title of Security (Instr. 3)					saction										7. Nature of						
					Date (Month/Day/Year)		if any (Month/Day/Year)		Code	Code (Instr. 5)		Disposed Of (D) (Instr. 3, 4 5)		5, 4 anu	Beneficia	Beneficially Owned Following		Indirect	Beneficial Ownership		
									u)   o)	_	+				Reported	d J	(I) (Instr. 4)		(Instr. 4)		
									Code	l۷	Amount	(A)	) or   )	Price	Transacti (Instr. 3 a						
Common Stock 08/0				4/201	16			М		42,33	В .	A	\$9.73	174	,354		D				
Common Stock 08/04					4/201	/2016		S <sup>(1)</sup>		42,33	B 1	D	\$11	132	,016	D					
Common Stock														13,	806			By 401(k) <sup>(2)</sup>			
						_			<del> </del>	<u> </u>		<u> </u>							101(11)		
			Table II -								osea of, convertil				Owned						
1. Title of	2.	3. Transaction	3A. Deemed 4		4.	1.		5. Number 6		6. Date Exercisable ar		le and 7. Title and Am		Amount	8. Price of	9. Numbe		10.	11. Nature		
Derivative Security	Conversion or Exercise	se (Month/Day/Year)	Execution Dat if any (Month/Day/Yo			` Sec				n Dat				•	Derivative Security y (Instr. 5)	derivative Securities		Ownership Form: Direct (D) or Indirect	Beneficial Ownership		
(Instr. 3)	Price of Derivative				8)						. ,					Beneficia Owned					
Security							(A) or Disposed of (D) (Instr.					(11150. 3 and 4)		"		Following		(i) (instr. 4)			
															Reported Transaction(s) (Instr. 4)						
			-				and 5)	<u> </u>													
													0								
								Date		Expiration			lumber of								
				- 0	Code	٧	(A)	(D)	Exercisa	ble	Date			hares							
Option	<b>40.73</b>	00/04/2016					1	42 220		.=(3)	00/21/2016	Comm	ion	מככ בו	Φ0	122.00	.				

## Explanation of Responses:

- 1. The sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 3, 2016.
- 2. Represents 13,806 shares of Exelixis, Inc. common stock under the Exelixis, Inc. 401(k) Plan, pursuant to a plan statement dated as of August 3, 2016.
- 3. The option, representing the right to purchase a total of 175,000 shares of Exelixis, Inc. common stock, became fully exercisable on September 1, 2010.

## Remarks:

buy)

/s/ Jeffrey J. Hessekiel, Attorney in Fact 08/05/2016

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.