FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB AP	PROVAL
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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

										· '								
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
SIMONTON PAMELA A				-	EXELIXIS INC [EXEL]							Cile	Directo	,	10% Owner		ner	
				— [X	Officer below)	(give title		Other (s below)	pecify
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)							SVP, Patents & Licensing						
C/O EXELIXIS, INC.					12/13/2004													
170 HARBOR WAY, PO BOX 511																		
(Street)				— [·	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)							
SOUTH	SAN												X	Form fi	led by One	Repo	rting Person	
FRANCI	ISCO X	1	94083-0511												led by More	than	One Report	ing
														Person				
(City)	(S	tate)	(Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of S	1. Title of Security (Instr. 3) 2. Transaction 2. Transaction 2. Transaction 2. Transaction 2. Transaction 2. Transaction 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature of																	
Date				oate Month/Day	/Year)	if any	Execution Date if any		ction Instr.	Disposed 5)	d Of (D) (Instr. 3,		Benefici		ally (D) o	(D) or		Indirect Beneficial
					(Month/Day/Yea			ar) 8)					Owned F Reported		ı ['''			Ownership (Instr. 4)
								Code	v	Amount	nt (A) or P		rice		ransaction(s) Instr. 3 and 4)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
(e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of	2.	3. Transaction	3A. Deemed	4.	5. Number		6. Date Exercisable and 7. Title and Am			ount	8. Price of	9. Number		10.	11. Nature			
Security or Exercise (Month/Day/Year) if any				Cod			Derivative		Expiration Date of Securities (Month/Day/Year) Underlying					Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial
(Instr. 3) Price of (Month/Day/Year) Derivative				ear) 8)	Securities Acquired		Derivative Sec (Instr. 3 and 4)						Beneficially Owned	ly	or Indirect (Inst	Ownership (Instr. 4)		
Security					(A) or Disposed								Following Reported		(I) (Instr. 4)			
					of (D) (Instr. 3, 4 and 5)							Transaction(s) (Instr. 4)						
					Т		Ė					Am	ount		ĺ .			
												or Nur	nber					
				Cod	e V	(A)	(D)	Date Exercisab		Expiration Date	Title	of Sha	ıres					
Option (right to buy)	\$8.92	12/13/2004		A		70,000		12/13/200	(1)	12/12/2014	Commor Stock	70,	,000	\$0	70,000 ⁽²	2)	D	

Explanation of Responses:

- 1. Options granted pursuant to Issuer's 2000 Equity Incentive Plan. Twenty five percent (25%) of the shares vest on 12/13/2005, and the remaining shares shall vest in 36 equal monthly installments thereafter.
- 2. The reporting person holds an additional 232,500 options to acquire 232,500 shares of common stock of the Issuer, which options are not included in column 9 because they have different exercise prices.

Remarks:

/s/ Pamela A. Simonton

12/15/2004

** 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.