FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20040

| OMB APPROVAL | | | | | | | | | | |
|----------------------|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | |
| Estimated average bu | rden | | | | | | | | | |

0.5

hours per response:

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* WILLSEY LANCE | | | | | 2. Issuer Name and Ticker or Trading Symbol EXELIXIS, INC. [EXEL] | | | | | | | | Relationship of eck all applications X | able) r | Perso | 10% Ow | ner | |
|---|---|---------------------|---|--|--|--|---------|--|--|---|------------------|---|--|---|--|---|--|--|
| (Last) (First) (Middle) C/O EXELIXIS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2017 | | | | | | | | Officer (give title Other (s below) below) | | | | pecify | |
| 210 E. GRAND AVE. | | | | \vdash | | | | | | | | | | | | | | |
| (Street) SOUTH SAN FRANCISCO CA 94080 | | | , | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Lin | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tal | ole I - Non | ı-Deriv | ativ | e Se | curitie | s Ac | quired, D | ispo | osed of | f, or Ber | neficial | ly Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/D | | | | Exe | | 2A. Deemed Execution Date, f any (Month/Day/Year) | | e, Transaction Disposed Code (Instr. 5) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 an | | Benefici Owned F | es Formally (D) Following (I) (I | | Direct Indirect Etr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code V | | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | (| Instr. 4) |
| | | | Table II - I | | | | | | uired, Dis , options | | | | | Owned | | | · | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | se (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | С | code | v | (A) | | Date Exercisable | Ex Da | xpiration ate | Title | Amount or Number of Shares | | | | | |
| Option (right to buy) | \$19.57 | 05/25/2017 | | | A | | 23,491 | | 05/25/2017 ⁽¹⁾ | 05. | /24/2024 | Common Stock | 23,491 | \$0 | 23,491 | | D | |

Explanation of Responses:

1. Option granted pursuant to the Exelixis, Inc. 2017 Equity Incentive Plan. The option is exercisable immediately, subject to repurchase provisions, and will vest as to 1/12th of the shares subject to the option each month following the date of grant, subject to the Reporting Person's continuous service through such dates.

Remarks:

/s/ Jeffrey J. Hessekiel, Attorney in Fact 05/26/2017

** 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.