| 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 | | | | | | | | | |

| Section obligat | this box if no lo n 16. Form 4 or ions may contir tion 1(b). | | STAT | | ed pur | rsuant | to Sectio | n 16(| a) of the Se | ecurit | IEFICI ies Exchang mpany Act o | ge Act of 1 | | SHIP | Estim | | er: verage burder sponse: | 0.5 | |
|---|--|--|---|--|---|--|---|-------|--|------------------|---|--|--|--|---|---|--|--|--|
| 1. Name and Address of Reporting Person* <u>RIVERA LUPE M</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>EXELIXIS INC</u> [EXEL] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify | | | | | |
| (Last) (First) (Middle) C/O EXELIXIS, INC. 170 HARBOR WAY, PO BOX 511 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/09/2007 | | | | | | | | X Dilicer below) | | | peeny | | | | |
| (Street) SOUTH SAN FRANCISCO CA 94083-0511 | | | 1 | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | 1 | | | |
| (City) | (S | | (Zip) Die I - Nor | n-Deriv | vativ | e Se | curitie | s Ac | cquired, | Dis | posed o | f, or Bei | neficial | y Owned | | | | | |
| 1. Title of Security (Instr. 3) Date (Month/L | | | | | action 2A. Deemed Execution Date if any (Month/Day/Yea | | te, Transaction Disposed C Code (Instr. 5) | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 a | | 5. Amour Securitie Beneficia Owned F | s ally ollowing | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (insu: 4) | | | |
| | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | |) | of Securit Underlyin | g e Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4) | e Own s Forn Ily Dire or In g (I) (II | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Option (right to buy) | \$11.93 | 07/09/2007 | | | A | | 30,000 | | 07/09/2008 | 3 ⁽¹⁾ | 07/08/2017 | Common Stock | 30,000 | \$0 | 30,00 | 00 | D | | |

Explanation of Responses:

1. Options granted pursuant to Issuer's 2000 Equity Incentive Plan. Twenty five percent (25%) of the shares vest one year from the grant date, and the remaining shares vest in 36 equal monthly installments thereafter.

Remarks:

/s/ Frank Karbe, Attorney in

Fact

Date

07/10/2007

** Signature of Reporting Person

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.