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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

|) | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b). |
|---|---|
|---|---|

1. Name and Address of Reporting Person*

DUYK GEOFFREY M

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

| OMB APPROVAL | | | | | | | | | | |
|---------------------|----------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Expires: | December 31, 2014 | | | | | | | | | |
| Estimated average I | burden | | | | | | | | | |
| hours per | 0.5 | | | | | | | | | |

| 1940 | | re | esponse: | 0.5 |
|------|-----|-------------------------------------|----------------------------|-----|
| | | tionship of Repo all applicable) | orting Person(s) to Issuer | |
| | x x | Director | 10% Owner | . |

| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/29/2003 | X | Officer (give title below) Pres R&D & Cl | Other (specify below) |
|----------|---------|----------|--|-------------------|--|--------------------------|
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/Group Fili | ng (Check Applicable |
| (City) | (State) | (Zip) | | X | Form filed by One Re Form filed by More th | |
| | | | | | Person | |

2. Issuer Name and Ticker or Trading Symbol

EXELIXIS INC [EXEL]

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. | | 4. Securities / Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|-------------------------|---|--|-------------------------|--------|---|---|---|
| | | | Code | v | Amount | Amount (A) or Price | | Transaction(s) (Instr. 3 and 4) | | |
| Common Stock ⁽¹⁾ | 05/29/2003(1) | | S ⁽¹⁾ | | 4,500 ⁽¹⁾ | D ⁽¹⁾ | 8.1(1) | 904,014 ⁽¹⁾ | I ⁽¹⁾ | Trust ⁽¹⁾ |

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. Transa Code (8) | | of Deriv Secu Acqu (A) or Dispo of (D) (Instr | Derivative (Month/Day/Year) Securities Acquired (A) or Disposed | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Shares held by The Duyk Wolter Family Trust dated 12/16/00 Geoffrey M Duyk and Ulrike Barbara Wolter trustees Additonally indirectly held 1123 Charles Duyk Trust 75000 Irrevocable Trust and 17137 Annuity Trust

Geoffrey M. Duyk

** Signature of Reporting Person Date

05/30/2003

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.