| SEC Form 4 |
|------------|
|------------|

F

| ORM | 4 |
|-----|---|
|-----|---|

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| 1. Name and Address of Reporting Person* SCANGOS GEORGE A | | | 2. Issuer Name and Ticker or Trading Symbol <u>EXELIXIS INC</u> [EXEL] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|------------|-------------------|---|------------------------|--|-----------------------|--|--|--|
| (Last) (First) (Middle) C/O EXELIXIS INC. | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/08/2006 | | Officer (give title below) President & | Other (specify below) | | | |
| 170 HARBOR V | VAY, PO BO | X 0511 | | | | | | | |
| (Street) SOUTH SAN FRANCISCO CA 94083-0511 | | 94083-0511 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | | | | | |
| (City) | (State) | (Zip) | | | | | | | |
| | | Table I - Non-Der | rivative Securities Acquired, Disposed of, or Bene | ficially 0 | Dwned | | | | |

| 1. Title of Security (Instr. 3) | Date (Month/Day/Year) | | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--------------------------|--|-----------------------------|---|--|---------------|-------|--|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 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. Transa Code (8) | | n Derivative | | 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 | 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 | | Transaction(s) (Instr. 4) | | |
| Option (right to buy) | \$8.99 | 12/08/2006 | | Α | | 400,000 | | 12/08/2007 ⁽¹⁾ | 12/07/2016 | Common Stock | 400,000 | \$ <u>0</u> | 400,000 | 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/ | Geor | <u>ge A.</u> | Scangos | |
|-----|------|--------------|---------|--|
| | | - | - | |

** Signature of Reporting Person

12/12/2006

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.