FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

3235-0287 OMB Number:

🖵 obligat	n 16. Form 4 or ions may conti tion 1(b).			F							ities Exchang ompany Act o		934		11	mated av	verage burde sponse:	n 0.5	
1. Name and Address of Reporting Person [*] Lamb Peter							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 Cofficer (give title Other (specify				
(Last) (First) (Middle) C/O EXELIXIS, INC. 1851 HARBOR BAY PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 02/01/2021								EVP, Scientific Strategy & CSO					
(Street) ALAMEDA CA 94502 (City) (State) (Zip)					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	 Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person 					
		Та	ble I - No	on-Deri	ivativ	/e S	ecuri	ties A	cquire	d, Di	sposed o	f, or Be	neficiall	y Owned					
1. Title of Security (Instr. 3) Date (Month/Date)					Day/Year) if any		Execut if any	. Deemed ecution Date, ny onth/Day/Year)				ties Acquired (A) or d Of (D) (Instr. 3, 4 au		and 5) Securities Beneficiall Owned Fol		Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 02/01/2					1/202	2021			М		65,000	A	\$1.7	348	348,124 ⁽¹⁾		D		
Common Stock 02/01/2					1/202	2021			S ⁽²⁾		65,000	D	\$22.08	(3) 283	283,124		D		
Common Stock														17,	105(4)			By 401(k)	
			Table II								posed of, convertik			Owned	3				
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution if any			ransaction Code (Instr.		n of		Exerci ion Dat /Day/Ye		of Securities		8. Price of Derivative Security (Instr. 5)	9. Numl derivati Securiti Benefic Owned Followi Reporte Transac (Instr. 4	ive ies :ially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

\$1.7

1. Includes 132,872 shares of Exelixis, Inc. common stock that will be issued to the Reporting Person upon vesting of restricted stock units.

2. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on November 18, 2020.

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3. Represents the weighted average sales price. The shares were sold in multiple transactions at prices ranging from \$21.80 to \$22.79. Reporting Person undertakes to provide Exelixis, Inc., any security holder of Exclixis, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote 3 to this Form 4.

07/20/2015⁽⁵⁾

65,000

4. Represents shares of Exelixis, Inc. common stock under the Exelixis, Inc. 401(k) Plan, pursuant to a plan statement dated as of January 29, 2021.

5. The option, representing the right to purchase a total of 400,000 shares of Exelixis, Inc. common stock, became fully exercisable on April 28, 2016.

Remarks:

Option

(right to

buv)

/s/ Jennifer Drimmer Rokovich, 02/03/2021

Attorney in Fact

Commor

Stock

09/18/2021

** Signature of Reporting Person Date

65,000

\$<mark>0</mark>

125,000

D

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).

02/01/2021

** 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.