SEC Form 4

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. 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

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

| 1. Name and Address of Reporting Person* WYSZOMIERSKI JACK L | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>EXELIXIS INC</u> [EXEL] | | | | | | | | 5. Relationship o (Check all applie X Directo | | , | | on(s) to Issu 10% Ow | |
|--|---|--|--|------|--|--|--|-----|--------------------------------|---|--------------------|--|--------------------------------|--|---|--|---------------------|--|---|
| (Last) (First) (Middle) 6635ARMITAGE RD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/23/2005 | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | |
| (Street) NEW HOPE PA 18938 (City) (State) (Zip) | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Inc Line) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/E | | | | | | (ear) | 2A. Deemed Execution Date, if any (Month/Day/Year | | Cod | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | 5. Amour Securitie Beneficia Owned F Reported | rities For ficially (D) ed Following (I) (rted action(s) | | : Direct I r Indirect I str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Cod | e V | Amount | (A) or (D) | | ice | Transact (Instr. 3 a | | | | 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 D if any (Month/Day/ | ate, | Code | | of | | 6. Date Expirati (Month/ | on Dat | | 7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy J | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |
| Option (right to buy) | \$7.13 | 04/23/2005 | | | A | | 10,000 | | 04/23/20 |)05 ⁽¹⁾ | 04/22/2015 | Common Stock | ⁿ 10,0 | 000 | \$ <mark>0</mark> | 10,000 | (2) | D | |

Explanation of Responses:

1. Options granted pursuant to Issuer's 2000 Non-employee Directors' Plan. The option is exercisable immediately subject to repurchase provisions, and will vest monthly over the following year.

2. The reporting person holds an additional 35,000 options to acquire 35,000 shares of common stock of the Issuer, which options are not included in column 9 because they have different exercise prices. **Remarks:**

/s/ Frank Karbe, Attorney In 04/25/2005 Fact

Date

** 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.