FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number 3235-0104 Estimated average burden

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											
1. Name and Address of Reporting Person [*] Smith Julie				2. Date of Event Requiring Statement (Month/Day/Year) 09/22/2016			3. Issuer Name and Ticker or Trading Symbol <u>EXELIXIS, INC.</u> [EXEL]				
(Last)	(First)	(Middle)									
C/O EXELIXIS, INC. 210 EAST GRAND AVE.					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director Officer (give title below)		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) SOUTH SAN CA 94080 FRANCISCO CA 94080									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						2. Amount of (Instr. 4)	Securities Beneficially Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)				2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Der (Instr. 4)		ivative Security	4. Conversi Exercise Pr of Derivativ	ce Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
				Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Security		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Jeffrey J. Hessekiel, Attorney in Fact ** Signature of Reporting Person

09/26/2016 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 5 (b)(v).
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** 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.

POWER OF ATTORNEY

Know all by these presents, that the undersigned hereby constitutes and appoints Michael M. Morrissey, Christopher J. Senner and Jeffrey J. Hessekiel of Exel: The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, new This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 and Schedules 13D and 13G w: In Witness Whereof, the undersigned has caused this Power of Attorney to be executed as of this 22nd day of September 2016.

Julie Anne Smith Print Name

/s/ Julie Anne Smith Signature