FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington, 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

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* PAPADOPOULOS STELIOS | | | | | | | | | ker or Tradin | | ymbol | (Che | elationship o eck all applic Directo | able) | Perso | 10% Owi | ner | | |
|--|---|--|--|-----------------|--------------------------|--|--|--------|--|----------|---|---|--|---|--|---------|--|--|--|
| (Last) C/O EXE | (FI ELIXIS, IN | irst) | | Date o /19/2 | | Trans | saction (Mon | th/D | ay/Year) | | Officer below) | Officer (give title below) | | Other (sp below) | pecify | | | | |
| 170 HARBOR WAY, PO BOX 511 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) SOUTH SAN FRANCISCO CA | | A | 94083-0511 | | 4. 11 | t Ame | nament, I | Date (| of Original Fi | iea (| (Montn/Day | //Year) | Line |) <mark>X</mark> Form fi | ed by One Fled by More | Report | ting Person | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tal | ole I - Non- | Deriva | ativ | e Se | curitie | s Ac | quired, D | Disp | osed o | f, or Bei | neficiall | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/E | | | | | | ear) i | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction D Code (Instr. 5) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 45) | | | 5. Amour Securitie Beneficia Owned F Reported | es Form ally (D) o following (I) (In | | Direct Ir Indirect B tr. 4) C | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | / | Amount | (A) or (D) | Price | Transact (Instr. 3 a | ion(s) | | | (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 Dat if any (Month/Day/Yo | Co | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 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 Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Option (right to buy) | \$5.92 | 05/19/2010 | | 1 | A | | 15,000 | | 05/19/2010 ⁽¹ | 1) (| 05/18/2020 | Common Stock | 15,000 | \$0 | 15,000 | | D | | |

Explanation of Responses:

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

Remarks:

/s/ James B. Bucher, Attorney in Fact 05/20/2010

** Signature of Reporting Person 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.