FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burden								
- 1	l	. 0.5							

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

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*  WYSZOMIERSKI JACK L						2. Issuer Name and Ticker or Trading Symbol EXELIXIS, INC. [ EXEL ]									k all applica Director	able) r	g Pers	on(s) to Issu	vner
(Last)	(FI	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/21/2020									Officer ( below)	(give title		Other (s below)	specify
1851 HARBOR BAY PARKWAY					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
(Street) ALAME	DA C	A	94502											Line) X	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date			Code (Instr. 5)						es For ally (D) collowing (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount (A) or (D)		Pr	ice	Transaction(s) (Instr. 3 and 4)				(111501. 4)		
Common Stock <sup>(1)</sup> 05/21/2					/2020	0(2)			A		7,728	B A	A \$		169,406 <sup>(3)</sup>			D	
	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 Da if any (Month/Day/Y	ate, Ti	ransa ode (I		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership tt (Instr. 4)
				С	ode	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Sha	nber					
Option (right to	\$24.62	05/21/2020			A		15,456		05/21/202	0(4)	05/20/2027	Common Stock	15,4	456	\$0	15,45	6	D	

## **Explanation of Responses:**

- 1. Represents shares of Exelixis, Inc. common stock that will be issued to the Reporting Person upon vesting of restricted stock units. Each restricted stock unit is the economic equivalent of one share of Exelixis, Inc. common stock.
- 2. The restricted stock units were granted to the Reporting Person on the Transaction Date pursuant to the Exelixis, Inc. 2017 Equity Incentive Plan. The restricted stock units will vest as to 100% of the shares subject to the restricted stock unit award on May 21, 2021, subject to the Reporting Person's continuous service through that date.
- 3. Includes 18,045 shares of Exelixis, Inc. common stock that will be issued to the Reporting Person upon vesting of restricted stock units.
- 4. Option granted pursuant to the Exelixis, Inc. 2017 Equity Incentive Plan. The option is exercisable immediately, subject to repurchase provisions, and will vest as to 100% of the shares subject to the option on the first anniversary of the date of grant, subject to the Reporting Person's continuous service through such date.

## Remarks:

/s/ Jennifer Drimmer Rokovich,

\*\* Signature of Reporting Person

05/22/2020

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.