Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549	
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Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
to Section 16. Form 4 or Form 5		
obligations may continue. See		

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

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* Hessekiel Jeffrey					2. Issuer Name and Ticker or Trading Symbol EXELIXIS, INC. [EXEL]									Check	tionship of Reportir all applicable) Director Officer (give title		ng Person(s) to Is 10% Ov Other (s		wner
	ELIXIS, IN	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/15/2021								X	belov		neral	below)	
(Street) ALAME (City)	DA C	A 9	14502 Zip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/								Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					on
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	uired	l, Dis	sposed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)					Execution Year) if any		ution Date,		ction Instr.	4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Secur Benef		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	Amount	(A) or (D)	Price		Transa	iction(s) 3 and 4)			(111501. 4)				
Common Stock 10/15/20				021)21			s ⁽¹⁾ 12,883		D	\$22.0)2 ⁽²⁾ 637		37,942 ⁽³⁾		D			
Common Stock														999(4)		99 ⁽⁴⁾			By 401(k)
		Tal	ble II								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		umber vative urities uired or osed) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/\)		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Deri Sec	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on November 30, 2020.
- 2. Represents the weighted average sales price. The shares were sold in multiple transactions at prices ranging from \$22.00 to \$22.07. Reporting Person undertakes to provide Exelixis, Inc., any security holder of Exelixis, 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 2 to this Form 4.
- 3. Includes 207,930 shares of Exelixis, Inc. common stock that will be issued to the Reporting Person upon vesting of restricted stock units.
- 4. Represents shares of Exelixis, Inc. common stock under the Exelixis, Inc. 401(k) Plan, pursuant to a plan statement dated as of October 14, 2021.

Remarks:

/s/ Jennifer Drimmer Rokovich, Attorney in Fact

10/15/2021

** 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.