| SEC Form 4 | |
|------------|--|
|------------|--|

| FORM 4 | UNITED STATE |
|--------|--------------|
| | |

ES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

ſ

| 1 | | | | | | | | |
|--------------------------|---------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | | |
| | hours per response: | 0.5 | | | | | | |

| Section obligat | this box if no lo n 16. Form 4 or ions may conti tion 1(b). | | STAT | | d purs | suan | it to Sectio | on 16(| (a) of th | e Secu | uritie | EFICIA es Exchan | ge Act | of 193 | _ | ΗP | Estim | Number ated ave per res | erage burder | 3235-0287 1 0.5 |
|--|---|--|--|---|--------|--|---|--------|---|--------|--------|---|---------------------------------|---------------|---|---|---|--|---------------------------------------|-----------------------|
| 1. Name and Address of Reporting Person* Schwab Gisela | | | | 2. Issuer Name and Ticker or Trading Symbol <u>EXELIXIS INC</u> [EXEL] | | | | | | | | | | | elationship of ck all applica Director Officer (below) | | g Perso | on(s) to Issu 10% Ov Other (s below) | vner | |
| (Last)(First)(Middle)C/O EXELIXIS INC.170 HARBOR WAY, PO BOX 511 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/06/2007 | | | | | | | | | | SVP, Chief Medical Officer | | | | |
| (Street) SOUTH FRANC | - C | A | 94083-051 | 1 | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Inc Line) X | | | | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Ta | able I - Nor | n-Deriv | ative | e Se | ecuritie | s Ao | cquir | ed, D | isp | oosed o | f, or I | Bene | eficially | Owned | | | | |
| 1. Title of Security (Instr. 3) Date (Month/ | | | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Co | ansacti de (Ins | | | | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Co | ode V | ' | Amount | (/ (I | A) or D) | Price | Reported Transactio (Instr. 3 ar | | | | (Instr. 4) |
| | | | Table II - | | | | | | | ' | | osed of, onvertik | | | | Dwned | | | | |
| 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 | Code (In | | | 5. Number Derivativ Securitie Acquired or Dispos of (D) (In: 3, 4 and 5 | Expira | . Date Exercisable and xpiration Date Month/Day/Year) | | | 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | s Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported | re es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Co | de V | , | | | Date Exerci | sable | | Expiration Date | or Num | | Amount or Number of Shares | | (Instr. 4) | | | |

\$<mark>9.91</mark>

1. Options granted pursuant to Issuer's 2000 Equity Incentive Plan. Twenty five percent (25%) of the shares vest one year from the grant date, and the remaining shares vest in 36 equal monthly installments thereafter.

12/06/2008(1)

200,000

Remarks:

Stock Option

buy)

(right to

/s/ George A. Scangos, Attorney 12/10/2007 in Fact

\$0.00

200,000

D

** Signature of Reporting Person Date

200,000

Com

Stock

12/05/2017

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).

12/06/2007

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.