SEC For	m 4																		
	FORM	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549																	
Section 16. Form 4 or Form 5 obligations may continue. See					NT OF CHANGES IN BENEFICIAL OWNERSHIP d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											OMB Number:     3235-028'       Estimated average burden        hours per response:     0.5			11
1. Name and Address of Reporting Person* Lamb Peter															all applica Director Officer (	able)	g Perso	on(s) to Issu 10% Ow Other (s	ner
	ELIXIS, IN	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/06/2020								Λ	below) below EVP, Scientific Strategy & C			below) egy & CS	C	
(Street) ALAMEDA CA 94502					4. lf /	Line) X Form file									int/Group Filing (Check Applicable ed by One Reporting Person ed by More than One Reporting				
(City)	(5	State) Tal	(Zip)	on-Deriv	ative	Sec	urities A	can	Jired.	Dis	sposed of	f. or Be	neficia	ally	Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					action 24 Ex Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A)		d (A) or	a) or 5. Amo 4 and 5) Securit Benefic Owned		s ally ollowing	Form: Direct		7. Nature of Indirect Beneficial Ownership
								c	Code	v	Amount	(A) or (D)	Price		Reported Transacti (Instr. 3 a	ion(s)			Instr. 4)
Common Stock 04/06									М		50,000	A	\$5.			5,531 <sup>(1)</sup>		D	
Common Stock 04/06/					2020	_			<b>S</b> <sup>(2)</sup>		50,000	D	\$17.2	26 <sup>(3)</sup>	<sup>3)</sup> 126,531			D	
Common Stock															17,105(4)				3y 401(k)
			Table II ·								osed of, convertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, T	ransact ode (In	ion c str. [ ] [ ] [ ]	n of I		Date Expiration	n Date		7. Title and Am of Securities Underlying Derivative Seci (Instr. 3 and 4)		iy (I	. Price of berivative becurity Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Ily J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					ode	,  ,	A) (D)	Dat	te tercisat	ole	Expiration Date	Title	Amour or Numbe of Shares	er					

## Explanation of Responses:

\$<mark>5.5</mark>1

1. Includes 44,057 shares of Exelixis, Inc. common stock that will be issued to the Reporting Person upon vesting of restricted stock units.

2. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on March 3, 2020.

3. Represents the weighted average sales price. The shares were sold in multiple transactions at prices ranging from \$16.76 to \$17.66. 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 3 to this

09/18/2014<sup>(5)</sup>

(A) (D)

50,000

Form 4. 4. Represents shares of Exelixis, Inc. common stock under the Exelixis, Inc. 401(k) Plan, pursuant to a plan statement dated as of April 3, 2020.

Μ

5. The option, representing the right to purchase a total of 126,000 shares of Exelixis, Inc. common stock, became fully exercisable on September 18, 2017.

## **Remarks:**

Option

(right to

buv)

## /s/ Jennifer Drimmer Rokovich, 04/08/2020

Attorney in Fact

09/17/2020

Common

Stock

\*\* Signature of Reporting Person Date

50,000

\$<mark>0</mark>

76,000

D

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).

04/06/2020

\*\* 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.