FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| gton, D.C. 20549 | OMB APPROVAL |
|------------------|--------------|
| | |

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours per response: | 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* Feldbaum Carl B | | | | | 2. Issuer Name and Ticker or Trading Symbol EXELIXIS INC [EXEL] | | | | | | | | | ck all application | 10% Owi | | ner | | |
|--|--|--|--|--|---|--|--------|-------------------------------------|--|----------|---|--|----------------|--------------------------------------|---|---|--------------------------|---|---------------------------------------|
| | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2007 | | | | | | | | | Officer (below) | (give title | | Other (s below) | pecify | |
| 170 HARBOR WAY, PO BOX 511 | | | | <u> </u> | | | | | | | | | | | | | | | |
| (Street) SOUTH SAN FRANCISCO CA 94083-051 | | 1 | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Inc Line) | | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Dat | | | Date | | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Disp Code (Instr. 5) | | Disposed | urities Acquired (A) sed Of (D) (Instr. 3, | | | Securitie Beneficia Owned F | 5. Amount of Securities Beneficially Dwned Following | | Direct Indirect Istr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) c (D) | r | Price | Reported Transacti (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 D if any (Month/Day/ | ate, T | 4. Transaction Code (Instr 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | c | Code | v | (A) | | Date Exercisable | | Expiration Date | Title | or Nu of | umber | | | | | |
| Option (right to buy) | \$10.41 | 02/08/2007 | | | A | | 25,000 | | 02/08/2007 ⁽ | 1) (| 02/07/2017 | Commor Stock | 25 | 5,000 | \$0 | 25,000 |) | D | |

Explanation of Responses:

1. Options granted pursuant to Issuer's 2000 Non-Employee Directors' Plan. Twenty five percent (25%) of the shares vest on 2/08/2008, and the remaining shares shall vest in 36 equal monthly installments thereafter.

Remarks:

CARL B. FELDBAUM

02/09/2007

** 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.