## FORM 4

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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TATEMENT	OF CHANG	ES IN BENEFI	CIAL OWNER	SHIP

OMB APPROVAL

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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*  Lamb Peter  (Last) (First) (Middle)  C/O EXELIXIS, INC.  210 E. GRAND AVE.					3. I	Issuer Name and Ticker or Trading Symbol EXELIXIS, INC. [ EXEL ]  3. Date of Earliest Transaction (Month/Day/Year) 02/11/2016								Directo  Officer below)	or r (give title		10% Ov Other (s below)	vner specify
(Street) SOUTH FRANCI	SCO		94080 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	e) <mark>X</mark> Form fi Form fi	idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
1. Title of Security (Instr. 3) 2. Trans Date			saction			Transaction Disposed Of (		es Acquired (A) or Of (D) (Instr. 3, 4 and 5)		5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
						(			Code	v	Amount (A) o		Price	Reported Transact (Instr. 3 a	l ion(s)	() (main y		(Instr. 4)
Common Stock <sup>(1)</sup> 02/11			02/11	/2016	.016 <sup>(2)</sup>		A		45,378	3 A	\$0	82,	82,804		D			
Common	Stock			02/1	1/201	6			F		25,454	(3) D	\$4.2	.2 57,350 D		D		
Common	Stock													1 1/1/10/1 1 1 1			By 401(k) <sup>(4)</sup>	
			Table II -								osed of, onvertib			Owned		,	,	•
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	n Date e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)		e Owr s Fori ally Dire or Ir g (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Option (right to buv)	\$4.2	02/11/2016			A		40,000		02/11/2017	7 <sup>(5)</sup>	02/10/2023	Common Stock	40,000	\$0	40,00	0	D	

## **Explanation of Responses:**

- 1. Represents shares of Exelixis, Inc. common stock 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.
- 2. The restricted stock units were granted to the Reporting Person on the Transaction Date pursuant to the Exelixis, Inc. 2014 Equity Incentive Plan and vested in full on the Transaction Date.
- 3. Shares withheld by Exelixis, Inc. to satisfy taxes payable in connection with the vesting of restricted stock units awarded on the Transaction Date.
- 4. Represents 14,704 shares of Exelixis, Inc. common stock under the Exelixis, Inc. 401(k) Plan, pursuant to a plan statement dated as of February 12, 2016.
- 5. Option granted pursuant to the Exelixis, Inc. 2014 Equity Incentive Plan. Option will vest as to 1/4th of the original number of shares subject to the option on the one-year anniversary of the Transaction Date, and thereafter as to 1/48th of the original number of shares subject to the option on each monthly anniversary of the Transaction Date.

## Remarks:

/s/ Jeffrey J. Hessekiel, Attorney in Fact

02/16/2016

\*\* 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.