| SEC F | Form 4 |
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FORM 4

Check this box if no longer subject to

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

| 1. Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol <u>EXELIXIS, INC.</u> [EXEL] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---------|-----------------|--|------------------------|--|-----------------------------------|--|--|--|
| MORRISSEY MICHAEL | | <u>51.</u> | | X | Director | 10% Owner | | | |
| (Last) C/O EXELIXIS 210 E. GRAND | · | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 09/16/2015 | _ x | Officer (give title below) President an | Other (specify below) d CEO | | | |
| (Street) SOUTH SAN FRANCISCO | CA | 94080 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filir Form filed by One Re Form filed by More tha Person | porting Person | | | |
| (City) | (State) | (Zip) | | | | | | | |
| | | Table I - Non-D | erivative Securities Acquired, Disposed of, or Bene | ficially (| Dwned | | | | |

| 1. Title of Security (Instr. 3) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | ction | 4. Securities A Disposed Of (I | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|---|------------------------------|-------|-----------------------------------|---------------|-------|---|---|---|
| | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) |) (ins | |

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 Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number Derivativ Securitie Acquired or Dispos of (D) (In 3, 4 and 5 | re s I (A) sed str. | 6. Date Exerci: Expiration Dat (Month/Day/Ye | e | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|---------------------------------|--|--------------------|---|-------------------------------------|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Option (right to buy) | \$6.21 | 09/16/2015 | | Α | | 500,000 | | 09/16/2016 ⁽¹⁾ | 09/15/2022 | Common Stock | 500,000 | \$0 | 500,000 | D | |

Explanation of Responses:

1. Option granted pursuant to the Exelixis, Inc. 2014 Equity Incentive Plan. Option granted will vest as to 1/4th of the original number of shares subject to the option on the one-year anniversary of the grant date, and thereafter as to 1/48th of the original number of shares subject to the option on each monthly anniversary of the grant date.

Remarks:

/s/ Jeffrey J. Hessekiel, Attorney 09/18/2015

in Fact

** 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.