## Edgar Filing: EXELIXIS, INC. - Form 4

EXELIXIS, INC. Form 4 September 18, 20											
										PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									N OMB Number:	3235-02	287
Check this box if no longer									Expires:	January 31, 2005	
subject to STATEMENT OF CHANGES Section 16. SEC Form 4 or					ES IN BENEFICIAL OWNERSHIP OF ECURITIES					stimated average urden hours per sponse 0.3	
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Section 17(	a) of the l	Public U		ding Cor	npany	Act	nge Act of 1934, of 1935 or Sectio 940	on		
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> Schwab Gisela			2. Issuer Name <b>and</b> Ticker or Trading Symbol EXELIXIS, INC. [EXEL]				ng	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (I	Middle)			-	1		(Check all applicable)			
C/O EXELIXIS,	3. Date of Earliest Transaction (Month/Day/Year) 09/16/2015					Director 10% Owner X Officer (give title Other (specify below) below)					
GRAND AVE.								· · · · · · · · · · · · · · · · · · ·	Chief Medical	Officer	
(Street) SOUTH SAN			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>					
FRANCISCO, C	CA 94080										
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secur	ities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date any (Month/Day/Year)		Date, if TransactionAcquired (A) of Code Disposed of (I y/Year) (Instr. 8) (Instr. 3, 4 and		(A) or of (D) 4 and 5 (A)		Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	f		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Reminder: Report or	n a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned dir	ectly c	or indirectly.			
	•						SEC 1474 (9-02)				
	Tab			curities Acq ls, warrants				Beneficially Owned securities)	I		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securitie

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	7 (A) (D	) Date Exercisable	Expiration Date	Title	Amou Numb Shares
Option (right to buy)	\$ 6.21	09/16/2015		А	245,000	09/16/2016 <u>(1)</u>	09/15/2022	Common Stock	245,0

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Schwab Gisela C/O EXELIXIS, INC. 210 E. GRAND AVE. SOUTH SAN FRANCISCO, CA 94080			EVP and Chief Medical Officer					
Signatures								
/s/ Jeffrey J. Hessekiel, Attorney in Fact	09/18/2015							

<u>\*\*</u>Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* 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).

Option granted pursuant to the Exelixis, Inc. 2014 Equity Incentive Plan. Option granted will vest as to 1/4th of the original number of

(1) 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.