## Edgar Filing: Schwab Gisela - Form 4

Schwab Gise	ela											
Form 4	7 0017											
November 1												
FORM	<b>14</b> UNITE	S SECUR	SECURITIES AND EXCHANGE COMMISSION						OMB APPROVAL			
		Washington, D.C. 20549						3235-0287 January 31,				
Check th if no long subject to Section 1 Form 4 c	ger <b>STAT</b> 0 <b>STAT</b> 16.	x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES										
Form 5 obligatio may com <i>See</i> Instr 1(b).	tinue. Section	response 0.5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
(Print or Type ]	Responses)											
1. Name and Address of Reporting Person <u>*</u> Schwab Gisela			2. Issuer Name <b>and</b> Ticker or Trading Symbol EXELIXIS, INC. [EXEL]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Chec)	eck all applicable)				
C/O EXELIXIS, INC., 210 E. GRAND AVE.			(Month/Day/Year) 11/15/2017					Director 10% Owner X Officer (give title Other (specify below) below) Pres Prod Dev & Med Aff & CMO				
				mendment, Date Original /onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person				
SOUTH SA FRANCISC	AN CO, CA 94080							Form filed by M Person	Iore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Execution any	med on Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	11/15/2017			Code V F	Amount 2,609 (1)	(A) or (D) D	Price \$ 24.75	Transaction(s) (Instr. 3 and 4) 255,396 (2)	D			
Common Stock					_			14,186	I	By 401(k)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **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			Pres Prod Dev & Med Aff & CMO				
Signatures							
/s/ Jeffrey J. Hessekiel, Attorney in Fact	11/1	7/2017					

#### \*\*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).
- (1) Shares withheld by Exelixis, Inc. to satisfy taxes payable in connection with the vesting of restricted stock units awarded September 22, 2016.
- (2) Includes 90,000 shares of Exelixis, Inc. common stock that will be issued to the Reporting Person upon vesting of restricted stock units.
- (3) Represents shares of Exelixis, Inc. common stock under the Exelixis, Inc. 401(k) Plan, pursuant to a plan statement dated as of the most recent transaction date listed on this Form 4.

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.