#### EXELIXIS, INC. Form 3 September 26, 2016 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

### **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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<br>Person <u>*</u><br>Smith Julie |                    |                           | 2. Date of Event Requiring<br>Statement<br>(Month/Day/Year)   | 3. Issuer Name and Ticker or Trading Symbol EXELIXIS, INC. [EXEL]        |  |                          |  |  |  |  |
|--|--------------------|---------------------------|---|--|--|--------------------------|--|--|--|--|
| (Last) (I  | First)             | (Middle)                  | 09/22/2016  | 4. Relationship of Reporting Person(s) to Issuer                         |  |                          | 5. If Amendment, Date Original Filed(Month/Day/Year)   |  |  |  |
| C/O EXELIXIS<br>EAST GRAND   |                    | . 210                     |   | (Chec  | k all applicable)  |                          |  |  |  |  |
| (S   | Street)            |                           |   | XDirector10% Owner<br>OfficerOther<br>(give title below) (specify below) |  |                          | 6. Individual or Joint/Group<br>Filing(Check Applicable Line)<br>_X_ Form filed by One Reporting |  |  |  |
| SOUTH SAN<br>FRANCISCO,Â   | À CAÂ 9            | 4080                      |   |  |  |                          | Person<br>Form filed by More than One<br>Reporting Person  |  |  |  |
| (City) (S  | State)             | (Zip)                     | Table I - N   | lon-Deriva   | ative Securiti   | ies Beneficially Owned   |  |  |  |  |
| 1.Title of Security<br>(Instr. 4)                                  |                    |                           | 2. Amount of<br>Beneficially<br>(Instr. 4)  |  | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Nat<br>Owne<br>(Instr |  |  |  |  |
| Reminder: Report o<br>owned directly or ir                         | -                  | te line for each          | ch class of securities benefici   | ally   | SEC 1473 (7-02   | )                        |  |  |  |  |
|  | informa<br>require | ation conta<br>d to respo | oond to the collection of<br>ined in this form are not<br>nd unless the form displ<br>//B control number. |  |  |                          |  |  |  |  |
| Table  | e II - Deriv       | vative Secur              | ities Beneficially Owned (e.  | g., puts, call   | s, warrants, opt   | tions, c                 | onvertible securities)   |  |  |  |

| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 3. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 4) |                                  | 4.<br>Conversion<br>or Exercise<br>Price of | 5.<br>Ownership<br>Form of<br>Derivative      | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|---|--|--------------------|--|----------------------------------|---|---|---|
|   | Date<br>Exercisable  | Expiration<br>Date | · · · · ·  | Amount or<br>Number of<br>Shares | Derivative<br>Security                      | Security:<br>Direct (D)<br>or Indirect<br>(I) |   |

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

### (Instr. 5)

# **Reporting Owners**

|   |            | Relationships |              |         |       |  |  |  |
|---|------------|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address  | Directo    | or            | 10%<br>Owner | Officer | Other |  |  |  |
| Smith Julie<br>C/O EXELIXIS, INC.<br>210 EAST GRAND AVE.<br>SOUTH SAN FRANCISCO, CA 940 |            | X             | Â            | Â       | Â     |  |  |  |
| Signatures  |            |               |              |         |       |  |  |  |
| Jeffrey J. Hessekiel, Attorney<br>in Fact   | 09/26/2016 | 5             |              |         |       |  |  |  |

\*\*Signature of Reporting Person Date

## **Explanation of Responses:**

### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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. 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.