**EXELIXIS INC** Form 4 July 10, 2007

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

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response... 0.5

Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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(b).

(Last)

(City)

(Instr. 3)

1. Name and Address of Reporting Person \* KARBE FRANK

(Middle)

(Zip)

C/O EXELIXIS, INC., 170 HARBOR WAY, PO BOX 511

(First)

(Street)

(State)

2. Issuer Name and Ticker or Trading Symbol

EXELIXIS INC [EXEL]

3. Date of Earliest Transaction

(Month/Day/Year) 07/09/2007

4. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

Director 10% Owner X\_ Officer (give title Other (specify below) below)

5. Relationship of Reporting Person(s) to

**EVP & CFO** 

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

**SOUTH SAN** FRANCISCO, CA 94083-0511

1. Title of 2. Transaction Date 2A. Deemed Security

(Month/Day/Year) Execution Date, if (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

(A) Transaction(s)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership (Instr. 4) (Instr. 4)

or (Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Derivative Conversion 3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if

5. Number of TransactionDerivative

(e.g., puts, calls, warrants, options, convertible securities)

6. Date Exercisable and **Expiration Date** 

7. Title and Amount of Underlying Securities

### Edgar Filing: EXELIXIS INC - Form 4

Security	or Exercise		any	Code	Securities	S	(Month/Day/Year	:)	(Instr. 3 and	4)	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired	(A)					
	Derivative				or Dispos	sed of					
	Security				(D)						
					(Instr. 3, 4,						
					and 5)						
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share	
Option (right to buy)	\$ 11.93	07/09/2007		A	60,000		07/09/2008(1)	07/08/2017	Common Stock	60,000	

# **Reporting Owners**

Reporting Owner Name / Address	Kelationships						
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other			
KARBE FRANK							
C/O EXELIXIS, INC.			EVP &				
170 HARBOR WAY, PO BOX 511			CFO				
SOUTH SAN FRANCISCO, CA 94083-0511							

### **Signatures**

/s/ Frank Karbe 07/10/2007

\*\*Signature of Date
Reporting Person

# **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).
- Options granted pursuant to Issuer's 2000 Equity Incentive Plan. Twenty five percent (25%) of the shares vest one year from the grant date, and the remaining shares vest in 36 equal monthly installments thereafter.

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.

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