Edgar Filing: SIMONTON PAMELA A - Form 4

SIMONTO	N PAMELA A									
Form 4										
December 1										
FORM		STATES	SECU	DITIFS /	ND FY	CHANCE	E COMMISSION	- .T	PPROVAL	
	UNITED	STATES		shington				Number:	3235-0287	
Check the				U	·			Expires:	January 31,	
if no longer subject to STATEMENT OF CHANGES IN B						BENEFICIAL OWNERSHIP OF			2005	
Section				SECUI		Estimated burden hou				
Form 4								response	•	
Form 5 obligation							nge Act of 1934,			
may cor							of 1935 or Section	on		
See Inst		30(h)	of the I	nvestment	t Compai	ny Act of 1	1940			
1(b).										
(Print or Type	Responses)									
(I mit of Type	(Caponaea)									
1. Name and	Address of Reporting	Person [*] _	2 Issue	er Name an	d Ticker o	• Trading	5. Relationship of	of Reporting Person(s) to		
	N PAMELA A	-	Symbol	Issuer Name and Ticker or Trading			Issuer			
Symbol				ELIXIS INC [EXEL]						
(Last)	(First) (Middle)					(Check all applicable)			
				Date of Earliest Transaction onth/Day/Year)			Director	109	% Owner	
C/O EXEL	IXIS, INC., 170			2/06/2007			Officer (give title Other (specify			
HARBOR WAY, PO BOX 511				below			below)	below) Patents & Licen	sina	
	(54		4 70 4							
			nendment, Date Original			6. Individual or Joint/Group Filing(Check				
Filed(Md				(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person			
SOUTH SAN Form filed by More than One Repo										
	CO, CA 94083-05	511					Person			
(City)	(State)	(Zip)	75 1		.	a ···		e n e ·		
		-					Acquired, Disposed		-	
1.Title of	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any		3. Transatia	4. Securit			6. Ownership Form: Direct	7. Nature of Indirect	
Security (Instr. 3)				TransactionAcquired (A) or Code Disposed of (D)				(D) or Indirect		
((Month/Day/Year)		(Instr. 8) (Instr. 3, 4 and 5)			-	(I)	Ownership	
							0	(Instr. 4)	(Instr. 4)	
						(A)	Reported Transaction(s)			
						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 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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

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

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 (Disposed o (Instr. 3, 4, 5)	of (D)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amou Numb Shares
Stock Option (right to buy)	\$ 9.91	12/06/2007		А	100,000		12/06/2008 <u>(1)</u>	12/05/2017	Common Stock	100,0

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
SIMONTON PAMELA A C/O EXELIXIS, INC. 170 HARBOR WAY, PO BOX 511 SOUTH SAN FRANCISCO, CA 94083-0511			SVP, Patents & Licensing			
Signatures						

12/10/2007

Date

/s/ George A. Scangos, Attorney in Fact

**Signature of 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).
- (1) 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.