

EXELIXIS INC  
Form 3/A  
April 25, 2005

# FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB  
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## 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 Person * |         |          | 2. Date of Event<br>Requiring Statement<br>(Month/Day/Year)                                                                                                                                 | 3. Issuer Name <b>and</b> Ticker or Trading Symbol                                                                                                                                                                     |
| A Garber Alan M                           |         |          | 01/01/2005                                                                                                                                                                                  | EXELIXIS INC [EXEL]                                                                                                                                                                                                    |
| (Last)                                    | (First) | (Middle) |                                                                                                                                                                                             |                                                                                                                                                                                                                        |
| C/O EXELIXIS, INC., 170                   |         |          |                                                                                                                                                                                             | 4. Relationship of Reporting<br>Person(s) to Issuer                                                                                                                                                                    |
| HARBOR WAY, PO BOX 511                    |         |          |                                                                                                                                                                                             | (Check all applicable)                                                                                                                                                                                                 |
| (Street)                                  |         |          |                                                                                                                                                                                             |                                                                                                                                                                                                                        |
| SOUTH SAN                                 |         |          |                                                                                                                                                                                             | 5. If Amendment, Date Original<br>Filed(Month/Day/Year)                                                                                                                                                                |
| FRANCISCO, CA 94083-0511                  |         |          |                                                                                                                                                                                             | 01/04/2005                                                                                                                                                                                                             |
| (City)                                    | (State) | (Zip)    |                                                                                                                                                                                             |                                                                                                                                                                                                                        |
|                                           |         |          | <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input type="checkbox"/> Officer <input type="checkbox"/> Other<br>(give title below)    (specify below) | 6. Individual or Joint/Group<br>Filing(Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting<br>Person<br><input type="checkbox"/> Form filed by More than One<br>Reporting Person |

### Table I - Non-Derivative Securities Beneficially Owned

|                                    |                                                             |                                                                         |                                                             |
|------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------|
| 1. Title of Security<br>(Instr. 4) | 2. Amount of Securities<br>Beneficially Owned<br>(Instr. 4) | 3. Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial<br>Ownership<br>(Instr. 5) |
|------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------|

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible 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. Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 5. Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D)<br>or Indirect<br>(I) | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|                                               | Date<br>Exercisable                                            | Expiration<br>Date                                                                   | Title                                                              | Amount or<br>Number of<br>Shares                                                       |                                                             |

## Reporting Owners

| Reporting Owner Name / Address                                                                          | Relationships                       |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                                                                         | Director                            | 10% Owner                | Officer                  | Other                    |
| Garber Alan M<br>C/O EXELIXIS, INC.<br>170 HARBOR WAY, PO BOX 511<br>SOUTH SAN FRANCISCO, CA 94083-0511 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Signatures

/s/ Christoph Pereira, Attorney  
In Fact 01/04/2005

\_\_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).

^

### Remarks:

This amendment is being filed solely to submit the written authorization granted by the Reporting Person.

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.