

LEXICON PHARMACEUTICALS, INC.

Form 4

May 02, 2016

**FORM 4**

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN 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 \*  
LEFKOWITZ ROBERT J MD

2. Issuer Name and Ticker or Trading Symbol  
LEXICON PHARMACEUTICALS, INC. [LXRX]

5. Relationship of Reporting Person(s) to Issuer  
(Check all applicable)

(Last) (First) (Middle)  
8800 TECHNOLOGY FOREST PLACE  
(Street)

3. Date of Earliest Transaction (Month/Day/Year)  
04/29/2016

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

THE WOODLANDS, TX 77381

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

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) or (D) Code V Amount (D) Price			
Common Stock	04/29/2016		A	1,432 A \$ 0	9,057	D	

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

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SEC 1474 (9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Amount or Number of Shares
Stock Option (Right to Buy)	\$ 13.96	04/29/2016		A	2,857	<u>(1)</u> 04/29/2026	Common Stock	2,857
Stock Option (Right to Buy)	\$ 26.39					<u>(2)</u> 04/26/2017	Common Stock	1,428
Stock Option (Right to Buy)	\$ 15.4					<u>(2)</u> 04/24/2018	Common Stock	1,428
Stock Option (Right to Buy)	\$ 6.93					<u>(2)</u> 04/24/2019	Common Stock	1,428
Stock Option (Right to Buy)	\$ 13.86					<u>(1)</u> 05/10/2023	Common Stock	2,857
Stock Option (Right to Buy)	\$ 10.78					<u>(1)</u> 04/30/2020	Common Stock	1,428
Stock Option (Right to Buy)	\$ 11.83					<u>(1)</u> 04/29/2021	Common Stock	1,428
Stock Option (Right to Buy)	\$ 11.9					<u>(1)</u> 04/27/2022	Common Stock	2,857
Stock Option	\$ 10.92					<u>(1)</u> 04/25/2024	Common Stock	2,857

(Right to Buy)

Stock

Option (Right to Buy) \$ 7.49

(1) 04/24/2025 Common Stock 2,857

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
LEFKOWITZ ROBERT J MD 8800 TECHNOLOGY FOREST PLACE THE WOODLANDS, TX 77381		X		

## Signatures

/s/ Robert J. Lefkowitz 05/02/2016

\*\*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) Option vests with respect to 1/12th of the shares subject to the option for each month of service following the date of grant.
- (2) Option vests with respect to 1/12th of the shares subject to the option for each month of service following the date of grant.

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.