Edgar Filing: WADE JEFFREY L - Form 5

| WADE JEFF Form 5 | REY L | | | | | | | | | | |
|--|---|---|---------------------------------|---|--|---------------------------------|---|---|--|---|--|
| February 12, | 2018 | | | | | | | | | | |
| FORM | | | | | | OMB APPROVAL | | | | | |
| UNITED STATES SECUR | | | | RITIES AND EXCHANGE COMMISSI | | | | OMMISSION | OMB Number: | 3235-0362 | |
| Check this no longer s | shington, D.C. 20549 | | | | | Expires: | January 31, 2005 | | | | |
| to Section Form 4 or 1 5 obligation may contin See Instruc | ENT OF CHANGES IN BENEFICIAL RSHIP OF SECURITIES | | | | | Estimated a burden hou response | average Irs per | | | | |
| 1(b). | Filed purs ^{ldings} Section 17(a | a) of the l | Public Ut | | g Compa | ny A | ct of | | n | | |
| WADE JEFFREY L | | 2. Issuer Name and Ticker or Trading Symbol LEXICON PHARMACEUTICALS, | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | | | INC. [LXRX] | | | | | (Chu | k an application | -) | |
| (Last) | (Last) (First) (Middle) 3. Statemet (Month/D 12/31/20 | | | • | | | | Director 10% Owner X_ Officer (give title Other (specify below) below) EVP, Corp Adm Affairs and CFO | | | |
| 8800 TECHI PLACE | NOLOGY FORE | ST | | | | | | EVP, Corp | Adm Affairs ai | nd CFO | |
| | | | onth/Day/Year) | | | | | · Joint/Group Reporting | | | |
| | | | | | | | | ` | 11 | , , | |
| THE WOODLANDS, TX 77381 | | | | | | | | | One Reporting Person More than One Reporting | | |
| (City) | (State) | (Zip) | Table | e I - Non-Deri | vative Sec | uritie | s Acqu | ired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | med on Date, if Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securit Acquired Disposed (Instr. 3, Amount | (A) o of (D |)) | 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 12/15/2017 | Â | | G | 1,000 | D | \$0 | 49,597 | D | Â | |
| | ort on a separate line icially owned directly | | | contained in | n this for | n are | e not re | llection of info equired to resp alid OMB contro | ond unless | SEC 2270 (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) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. of D S B B B B B E I S F I S F I (I |
|---|---|---|---|---|---------------------|--------------------|-----------------------|--|---|---|
| | | | | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|-------------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| WADE JEFFREY L 8800 TECHNOLOGY FOREST PLACE THE WOODLANDS, TX 77381 | Â | Â | EVP, Corp Adm Affairs and CFO | Â | | | | |
| Signatures | | | | | | | | |
| /s/ Jeffrey L | | | | | | | | |

| Wade | 02/12/2018 | | | |
|---|------------|--|--|--|
| <u>**</u> 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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.