FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| gton, D.C. 20549 | OMB APPROVAL |
|------------------|--------------|
| | |

Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

OMB Number: Estimated average burden hours per response: 0.5

| Name and Address of Reporting Person* NIES ALAN S | | | | | | 2. Issuer Name and Ticker or Trading Symbol LEXICON PHARMACEUTICALS, INC./DE [LXRX] | | | | | | | | | elationship of the ck all applications of the ck | cable) | g Pers | son(s) to Iss 10% O Other (s | vner |
|---|---|--|---|--|------------------------|---|--|-------|--|--------|---------------------|--|--------|--|--|--|---------------------------|--|---|
| (Last) 8800 TE | (First) (Middle) TECHNOLOGY FOREST PLACE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2013 | | | | | | | | | below) | | | below) | вреспу |
| (Street) THE WOODLANDS TX 77381 (City) (State) (Zip) | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (- | | ole I - Non | ı-Deriv | ativ | e Se | curities | s Acc | quired, | Dis | posed o | of, or | Bene | eficiall | y Owned | | | | |
| Dai | | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Dispo | | | | | | Beneficia Owned F | s ally following | Form (D) o | n: Direct r Indirect sstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | Code | | | v | Amount | (A) or (D) | | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| Common | Stock | | | 05/10 | 0/201 | 13 | | | A | | 10,10 | 1 | A | \$0 | 26, | 865 | D | | |
| | | | Table II - I (| | | | | | | | osed of, onverti | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution E if any (Month/Day | Date, T | 1. Fransa Code (| | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4) | | | Derivative Security | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e (s i lly i | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | C | Code | v | (A) | | Date Exercisabl | | Expiration Date | Title | O N | Amount or Jumber of Shares | | | | | |
| Stock Option (Right to | \$1.98 | 05/10/2013 | | | A | | 20,000 | | (1) | | 5/10/2023 | Comi | | 20,000 | \$0 | 20,00 | 0 | D | |

Explanation of Responses:

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.

/s/ Alan S. Nies

05/13/2013

** Signature of Reporting Person

Date

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

- * 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 is insufficient, see Instruction 6 for procedure.

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 Number.