SEC 2	Form 4
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FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL

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			or Section 30(h) of the Investment Company Act of 1940				
MAIN ALAN J (Last) (First) (Middle)			2. Issuer Name and Ticker or Trading Symbol <u>LEXICON PHARMACEUTICALS</u> , <u>INC./DE</u> [LXRX]		ationship of Reporting Person(s) to Issuer (all applicable) Director 10% Owner Officer (give title Other (specify below) below) EVP, Pharmaceutical Research		
			3. Date of Earliest Transaction (Month/Day/Year) 02/23/2011				
(Street) THE WOODLANDS	TX	77381	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi Line) X	idual or Joint/Group Filing (C Form filed by One Reporti Form filed by More than O Person	ng Person	
(City)	(State)	(Zip)	ative Securities Acquired, Disposed of, or Benefic	ially C			

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)	Transaction Code (Instr. 8)		4. Securities / Disposed Of (5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	02/23/2011		Α		19,337	Α	\$ <mark>0</mark>	50,899	D	
Common Stock	02/23/2011		F ⁽⁴⁾		5,926	D	\$1.81	44,973	D	

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

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. Transa Code (8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Option (Right to Buy)	\$1.81	02/23/2011		A		260,000		(1)	02/23/2021	Common Stock	260,000	\$0	260,000	D	
Restricted Stock Units (Phantom Stock)	(2)	02/23/2011		A		65,000		(3)	(3)	Common Stock	65,000	\$0	65,000	D	

Explanation of Responses:

1. Option vests with respect to 25% of the shares subject to the option on the first anniversary of grant (2/23/2012) and vests 1/48th per month for each month of service thereafter.

2. Each restricted stock unit represents a contingent right to receive one share of common stock.

3. Restricted stock units vest with respect to 25% of the shares subject to the restricted stock units on February 28, 2012 and vest an additional 25% on February 28 of each of the three succeeding years thereafter.

4. Withholding of a portion of issued shares by the Company in satisfaction of shareholder's tax withholding obligations with respect thereto.

/s/ Alan J. Main, Ph.D.

02/25/2011

** 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.