FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APP	ROVAL
li	OMB Number	3235-03

OMB Number:	3235-0287
Estimated average bu	ırden
hours por rosponso:	0.5

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

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

					01 30	:01011 30(11)	or trie	invesiment (Joinpany A	Lt 01 1940							
1. Name and Address of Reporting Person* <u>Lapuerta Pablo</u>					2. Issuer Name and Ticker or Trading Symbol LEXICON PHARMACEUTICALS, INC. [LXRX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
												Officer /			10% Ow Other (s		
(Lact)	oot) (First) (Middle)												Officer (give title below)		below)	Jecliy	
(Last) (First) (Middle) 8800 TECHNOLOGY FOREST PLACE					3. Date of Earliest Transaction (Month/Day/Year) 02/05/2015							EVP,	Safety an	d PV	and CMO		
(Street)					4. If A	mendment,	Date o	of Original File	ed (Month/I	Day/Year)	6. In Line		oint/Group	Filing	(Check Appl	icable	
THE	ANDC T	X	77381										ed by One	Repo	rting Person		
WOODLANDS 1A //301											Form filed by More than One Reporting Person						
(City)	(5	State)	(Zip)														
		Та	ble I - Non	-Deriva	tive \$	Securitie	s Ac	quired, D	isposed	of, or Be	neficially	Owned					
Date			2. Transa Date (Month/D	Execution Date		Code (Instr.		ed (A) or str. 3, 4 and 5	Securities Beneficia Owned Fo	Securities Beneficially Owned Following		: Direct II Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership				
									Amour	(A) (C)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
			Table II - D									Owned	<u> </u>		<u> </u>		
			(e.g., pı	its, c	alls, warı	ants	, options	, conver	tible secu	urities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Cod	nsactio le (Insti	Derivativ Securitie Acquired or Dispo			6. Date Exercisable and Expiration Date (Month/Day/Year)		nd Amount ties ng e Security nd 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	le V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)			
Restricted Stock Units (Phantom Stock)	(1)	02/05/2015		A		127,400		(2)	(2)	Common Stock	127,400	\$0	127,40	00	D		
Stock Option (Right to Buy)	\$0.89	02/05/2015		A		509,600		(3)	02/05/202	Common Stock	509,600	\$0	509,60	00	D		

Explanation of Responses:

- $1. \ Each \ restricted \ stock \ unit \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ common \ stock.$
- 2. Restricted stock units vest with respect to 25% of the shares subject to the restricted stock units on February 28, 2016 and vest an additional 25% on February 28 of each of the three succeeding years thereafter.
- 3. Option vests with respect to 25% of the shares subject to the option on the first anniversary of grant (2/5/16) and vests 1/48th per month for each month of service thereafter.

/s/ Pablo Lapuerta, M.D. 02/09/2015

** 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.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$