FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL

5. Relationship of Reporting Person(s) to Issuer

OMB Number: 3235-0287 Estimated average burden hours per response: 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 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading Symbol

Name and Address of Reporting Person* COATS LONNEL						2. Issuer Name and Ticker or Trading Symbol LEXICON PHARMACEUTICALS, INC. [LXRX]										5. Relationship of (Check all applic X Directo X Officer		able)		son(s) to Issuer 10% Owner Other (specify		
(Last) (First) (Middle) 8800 TECHNOLOGY FOREST PLACE						3. Date of Earliest Transaction (Month/Day/Year) 02/28/2017											President and CEO					
(Street) THE WOODLANDS TX 77381				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)											i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S		(Zip)																			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				action	ar)	2A. Deemed Execution Date, if any (Month/Day/Year)			red, [ransac code (In	tion	4. Securities Acquired (A)			d (A) or	or 5. Amou and Securitie Benefici		nt of es ally collowing	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									С	ode	V	Amount		(A) or (D)	Price		Transact (Instr. 3 a	ion(s)			(11341.4)	
Common Stock 02/2					3/2017	2017			М		10,830	6	A	(1)	17,		635		D			
Common Stock 02/28.					3/2017	2017				M		8,390		A	(1)		26,025		D			
Common Stock 02/28/					3/2017	2017			I	F ⁽²⁾		5,258	3	D	\$16	\$16.45		20,767		D		
		-	Гable II -									sed of, onvertil					wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactior Code (Instr. 8)		of Deri Sec Acq (A) Disp of (I	umber ivative urities uired or oosed O) (Instr. and 5)	Expi	5. Date Exercisable a Expiration Date (Month/Day/Year)			nd 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			Derivativ Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	e rcisabl		Expiration Date	Title		Amoun or Numbe of Shares							
Restricted Stock Units (Phantom Stock)	(1)	02/28/2017			M			10,836		(3)		(3)		nmon ock	10,830	5	(1)	21,671	1	D		

Explanation of Responses:

(1)

Restricted Stock Units

(Phantom Stock)

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

02/28/2017

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

M

3. 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

8.390

(4)

4. Restricted stock units vest with respect to 25% of the shares subject to the restricted stock units on February 28, 2017 and vest an additional 25% on February 28 of each of the three succeeding years thereafter.

> 03/01/2017 /s/ Lonnel Coats

** Signature of Reporting Person

8,390

(1)

Common

Stock

(4)

Date

25,170

D

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.