Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|--|------------------------------------|------------------|
| Section 16. Form 4 or Form 5 obligations may continue. See | | |
| obligatione may continue. | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Amouyal Philippe | | | | L | 2. Issuer Name and Ticker or Trading Symbol LEXICON PHARMACEUTICALS, INC./DE [LXRX] | | | | | | (Ch | elationship (eck all applic | cable) or | g Perso | 10% Ow | ner |
|--|--|--|---|------------------|---|------------|---|--|--------------------|---|---|---|--|---|--|--|
| (Last) 8800 TE | ` | irst) SY FOREST PL | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/24/2008 | | | | | | | Officer below) | (give title | | Other (s _i below) | pecify |
| (Street) THE WOODL | ANDS T | x | 773811160 | 4. | nendment, Date of Original Filed (Month/Day/Year) | | | | | Line | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | tate) | (Zip) | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Code (Inst | Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5) | | | Beneficia | es Forn ally (D) o following (I) (Ir | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code V | Amount | (A) or (D) | Price | Transact (Instr. 3 | ion(s) | | | 1150.4) |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | on Date, Transac | | | | 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 Transaction(s) (Instr. 4) | | 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 | | | | | |
| Stock Option (right to buy) | \$2.2 | 04/24/2008 | | A | | 10,000 | | (1) | 04/24/2018 | Common Stock | 10,000 | \$0 | 10,000 | | 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.

Remarks:

/s/ Amouyal, Philippe J

** Signature of Reporting Person

Date

04/25/2008

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.