FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANG	GES IN BEI	NEFICIAL O	WNERSHIP

l	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average bu	ırden								
l	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

1. Name and Address of Reporting Person* $ \underline{Swain\ Judith\ L} $						2. Issuer Name and Ticker or Trading Symbol LEXICON PHARMACEUTICALS, INC. [LXRX]									(Ch	eck all ap X Dire	or 10% (10% O	vner	
(Last) 8800 TE	,	rst) GY FOREST PL.	(Middle) ACE			3. Date of Earliest Transaction (Month/Day/Year) 04/28/2017									_	Offi bel		(give title		Other (below)	specify
(Street) THE WOODLANDS TX 77381				4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(0.13)	(City) (State) (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,		e, 1	Transaction Disposed Code (Instr. 5)			rities Acquired (A) of ed Of (D) (Instr. 3, 4			or 4 and 5. Amou Securitie Benefici Owned F Reporter		s ally ollowing	Form (D) o	vnership i: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code V	′	Amount	(A) (D)	or	Price	Transaci (Instr. 3		on(s)			(
Common Stock 04/28/					3/201	/2017				A		1,28	1 A		\$0	10,338		338		D	
		Т	able II - [sed of onverti				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	1. Transaction Code (Instr. 3)		of		Expi	. Date Exercisable Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)					9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	e rcisable		opiration	Title	or Ni of	umber						
Stock Option (Right to	\$15.61	04/28/2017			A		2,857			(1)	04	1/28/2027	Commor Stock	2	2,857	\$0		2,857		D	

Explanation of Responses:

 $1. \ Option \ vests \ with \ respect \ to \ 1/12 th \ of \ the \ shares \ subject \ to \ the \ option \ for \ each \ month \ of \ service \ following \ the \ date \ of \ grant.$

05/01/2017 /s/ Judith L. Swain

** 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.