FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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

1. Name and Address of Reporting Person*  Palantoni Frank  (Last) (First) (Middle)  8800 TECHNOLOGY FOREST PLACE  (Street)  THE  WOODLANDS  TX  77381					LE LX 3. D	Issuer Name and Ticker or Trading Symbol     LEXICON PHARMACEUTICALS, INC. [     LXRX ]      Online of Earliest Transaction (Month/Day/Year)     04/27/2018									ck all appli	cable)	g Per	10% Ov Other (s below)	Owner er (specify		
					4. 11	f Ame	endment,	Date o	of Original F	iled	(Month/Da	Line)	Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     Form filed by More than One Reporting Person								
(City)	(S		(Zip)		<u> </u>							<u> </u>	-								
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Trans. Date (Month/I					saction				3. Transac Code (Ir	4. Secur	rities Acquired (A) or ed Of (D) (Instr. 3, 4 and			5. Amount of		Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common	Stock			04/2	7/201	8			A		2,56	4 A		\$0	12,	902		D			
		7	able II -						uired, Di , options						Owned						
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/Day	Date,	Code (Ins				6. Date Exe Expiration I (Month/Day	Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	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)		Date Exercisable		kpiration ate	Title	or Nun of Sha	nber							
Stock Option (Right to	\$7.8	04/27/2018			Α		2,857		(1)	04	1/27/2028	Common Stock	2,8	357	\$0	2,857		D			

## **Explanation of Responses:**

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

/s/ Frank P. Palantoni 04/27/2018

\*\* 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.