FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

I OMB APPRO	

hours per response:

OMB Number: 3235-0287 Estimated average burden

0.5

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*     COATS LONNEL					2. Issuer Name and Ticker or Trading Symbol LEXICON PHARMACEUTICALS, INC. [ LXRX ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
												X Director	''' /		10% Owner		
(Last)	(F	First)	(Middle)	_ [		J						X Officer (s	give title		Other (sp below)	ecify	
8800 TECHNOLOGY FOREST PLACE					3. Date of Earliest Transaction (Month/Day/Year) 02/05/2015							President and CEO					
(Street)				_													
THE WOODLANDS TX 77381			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(5	State)	(Zip)									Form file	ea by More 1	tnan One	е керопіп	g Person	
		Т	able I - Non-D	Deriva	tive S	ecuritie	s Ac	quired, D	isposed	of, or Be	neficially	Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				ate	action Day/Year)  2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.			Beneficial Owned Fo	ly (	6. Owners Form: Dir (D) or Ind (I) (Instr. 4	rect In lirect Be 4) O	7. Nature of Indirect Beneficial Ownership			
							Code V	Amount	(A) (D)	Price	Reported Transactio (Instr. 3 ar	ction(s)		("	nstr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Securities Underlyi Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio	ly Di or (I)	o. wnership orm: irect (D) r Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	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		303,400		(2)	(2)	Common Stock	303,400	\$0	303,400	0	D		
Stock Option (Right to	\$0.89	02/05/2015		A		1,213,600		(3)	02/05/2025	Common Stock	1,213,60	<b>)</b> \$0	1,213,60	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/ Lonnel Coats

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.