Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**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

1. Name and Address of Reporting Person*  BARKER SAM L						2. Issuer Name and Ticker or Trading Symbol LEXICON PHARMACEUTICALS, INC. [ LXRX ]									elationship o ck all applic Directo	able)	g Pers	on(s) to Issu 10% Ow	
(Last) 8800 TE	Last) (First) (Middle) 3800 TECHNOLOGY FOREST PLACE					3. Date of Earliest Transaction (Month/Day/Year) 04/24/2015									Officer below)	(give title		Other (s below)	pecify
(Street) THE TX 77381 WOODLANDS					4. 1	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) (State) (Zip)  Table I - Non-De					vativ	0 50	ourition	- A on	uirod	Dici	20004.0	ficially	. Owned						
			JIE I - INUI	1						ופוט		-							
Date				Transaction ate onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				5. Amour Securitie Beneficia Owned F Reported	es For ally (D) Following (I) (		Direct of Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or	Price	Transact (Instr. 3 a	ion(s)			,
Common Stock 04/24/					24/201	/2015					18,69	1 /	1	\$ <mark>0</mark>	153,376			D	
			Table II - I (				urities s, warra								Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	Date,	4. Transa Code ( 8)		of		6. Date Ex Expiration (Month/Da	Date	of Securities		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	g dision(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisabl		xpiration ate	Title	or Ni of	umber					
Stock Option (Right to	\$1.07	04/24/2015			A		20,000		(1)	0	4/24/2025	Commo Stock	<sup>1</sup> 20	0,000	\$0	20,000		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.

/s/ Samuel L. Barker

04/24/2015

Date

\*\* Signature of Reporting Person

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.