FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burd	en							
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* <u>Amouyal Philippe</u>							2. Issuer Name <b>and</b> Ticker or Trading Symbol  LEXICON PHARMACEUTICALS, INC. [ LXRX ]									5. Relationship of Reporting Person(s) to Iss (Check all applicable) X Director 10% O				
(Last) (First) (Middle) 8800 TECHNOLOGY FOREST PLACE					3. [	3. Date of Earliest Transaction (Month/Day/Year) 04/24/2015									Officer below)	(give title		Other (s below)	pecify	
(Street) THE WOODLANDS TX 77381						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting					
(City) (State) (Zip)														Person						
		Tak	le I - Non	-Deriv	ative	e Se	curities	s Acc	լuired, [	Disp	osed o	f, or E	ene	ficiall	y Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Exection (Cay/Year) if any		A. Deemed execution Date, any Month/Day/Year)		3. 4. Securi Transaction Disposed Code (Instr. 5)						es For ally (D) Following (I) (		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	nt (A) or		Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
Common Stock 04/24/							/2015		A		18,69	18,691 A		\$ <mark>0</mark>	53,376			D		
			Table II - I (						ired, 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. Deemed Execution D if any (Month/Day)	ate, T	ransaction Code (Instr.		of		6. Date Exe Expiration (Month/Day		7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ily D	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	OI N Of	Amount or Number of Shares						
Stock Option (Right to	\$1.07	04/24/2015			A		20,000		(1)	0.	4/24/2025	Commo Stock	n 2	0,000	\$0	20,000	)	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/ Philippe J. Amouyal

04/24/2015

\*\* 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.