SEC F	Form 4
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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

OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

1. Name and Address of Reporting Person* Tessmer James F (Last) (Tist)			2. Issuer Name and Ticker or Trading Symbol <u>LEXICON PHARMACEUTICALS, INC.</u> [LXRX]		tionship of Reporting Person(s) to Issuer (all applicable) Director 10% Owner Officer (give title Other (specify below) below)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		VP, Finance & Acc	counting	
8800 TECHNOLOGY FOREST PLACE			02/09/2017		vi, i mance et recounting		
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filing	(Check Applicable	
THE	TX	77381		X	Form filed by One Repor	ting Person	
WOODLANDS					Form filed by More than Person	One Reporting	
(City)	(State)	(Zip)					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)

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)	4. Transa Code (8)		of Expiratio		Expiration Da	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						of (D) (I	isposed f (D) (Instr. , 4 and 5)			Amount or Number			Reported Transaction(s) (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	of Shares				
Stock Option (Right to Buy)	\$14.44	02/09/2017		A		11,850		(1)	02/09/2027	Common Stock	11,850	\$0	11,850	D	
Restricted Stock Units (Phantom Stock)	(2)	02/09/2017		А		5,080		(3)	(3)	Common Stock	5,080	\$0	5,080	D	

Explanation of Responses:

1. Option vests with respect to 25% of the shares subject to the option on the first anniversary of grant (2/9/2018) and vests 1/48th per month for each month of service thereafter

2. Each restricted stock unit represents a contingent right to receive one share of common stock.

3. Restricted stock units vest with respect to 25% of the shares subject to the restricted stock units on February 28, 2018 and vest an additional 25% on February 28 of each of the three succeeding years thereafter.

<u>/s/ James F. Tessmer</u>

** Signature of Reporting Person

Date

02/13/2017

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.