Edgar Filing: LEXICON PHARMACEUTICALS, INC./DE - Form 4

| LEXICON F Form 4 April 27, 200 | PHARMACEUT 07 | ICALS, II | NC./DE | | | | | | | |
|---|--|--|--|---|--|---|------------------|------------------------------------|--|--|
| FORM | ΙΔ | | | | | | | PPROVAL | | |
| | UNITED | SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | OMB Number: | 3235-0287 | | | | |
| Check th if no long | aor. | | | | | | Expires: | January 31, 2005 | | |
| subject to Section 1 Form 4 o | 51ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 16. SECURITIES | | | | | | burden hou | Estimated average burden hours per | | |
| 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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | | | |
| I | | | 2. Issuer Name and Ticker or Trading Symbol LEXICON PHARMACEUTICALS, INC./DE [LXRX] | | | 5. Relationship of Reporting Person(s) to Issuer(Check all applicable) | | | | |
| (Last) 8800 TECH PLACE | (First) | (Middle) EST | | of Earliest Transaction Day/Year) 2007 | | X Director Officer (give below) | | % Owner her (specify | | |
| (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) THE WOODLANDS, TX 773811160 | | | | ıl | 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) | Tab | ole I - Non-Derivative | Securities A | cquired, Disposed o | of, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deem Execution any (Month/D | ed Date, if | 3. 4. Securit TransactionAcquired Code Disposed (Instr. 8) (Instr. 3, - Code V Amount | ies (A) or of (D) | 5. Amount of Securities Beneficially Owned | | 7. Nature of Indirect | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 2. 3. Transaction Date 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amount of 4. 8 Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date** Underlying Securities Ľ Security or Exercise any Code Securities (Month/Day/Year) (Instr. 3 and 4) S Price of (Month/Day/Year) (Instr. 8) (Instr. 3) Acquired (A) (Derivative or Disposed of Security (D) (Instr. 3, 4, and 5) Code V (A) (D) Date Expiration Title Amount Exercisable Date or Number of Shares Stock Option Common \$ 3.77 04/26/2007 10,000 (1) 04/26/2017 10,000 Α Stock (right to buy)

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|--|---------------|-----------|---------|-------|--|
| | Director | 10% Owner | Officer | Other | |
| ROSE CLAYTON STUART 8800 TECHNOLOGY FOREST PLACE THE WOODLANDS, TX 773811160 | Х | | | | |
| Signatures | | | | | |
| /s/ Rose, 04/27/2007 | | | | | |

<u>**</u>Signature of Reporting Person

Clayton S.

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.