ZAMBROWICZ BRIAN P

Form 4

February 12, 2013

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Check this box

if no longer subject to Section 16.

Form 4 or Form 5 obligations

may continue. See Instruction 1(b).

SECURITIES 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

(Middle)

(Zip)

(Print or Type Responses)

1. Name and Address of Reporting Person *

ZAMBROWICZ BRIAN P

(Last) (First)

8800 TECHNOLOGY FOREST

PLACE

(Street)

(City)

1. Title of

Security

(Instr. 3)

THE WOODLANDS, TX 77381

(State)

2. Issuer Name and Ticker or Trading

Symbol

LEXICON PHARMACEUTICALS, INC./DE [LXRX]

3. Date of Earliest Transaction

(Month/Day/Year) 02/08/2013

4. If Amendment, Date Original Filed(Month/Day/Year)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if Code (Month/Day/Year)

(Instr. 8)

(A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

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 Derivative Conversion

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if

5. Number of TransactionDerivative

6. Date Exercisable and **Expiration Date**

7. Title and Amount of **Underlying Securities**

6. Ownership

Form: Direct

X Form filed by One Reporting Person

5. Relationship of Reporting Person(s) to

EVP, Chief Scientific Officer

Other (specify X_ Officer (give title below)

10% Owner

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

(Check all applicable)

6. Individual or Joint/Group Filing(Check

Applicable Line)

Director

Form filed by More than One Reporting

5. Amount of

Issuer

below)

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

3. 4. Securities TransactionAcquired (A) or Disposed of (D)

(Instr. 3, 4 and 5)

Securities Beneficially

Owned Following Reported

(I) Ownership (Instr. 4) (Instr. 4)

(D) or Indirect Beneficial

SEC 1474

(9-02)

7. Nature of

Indirect

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) of Disposed of (D (Instr. 3, 4, and 5)	or O)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (I	D) Date Exercisable	Expiration Date	Title	Amount Number Shares	
Restricted Stock Units (Phantom Stock)	<u>(T)</u>	02/08/2013		A	80,000	<u>(2)</u>	(2)	Common Stock	80,000	
Stock Option (Right to Buy)	\$ 2.09	02/08/2013		A	320,000	<u>(3)</u>	02/08/2023	Common Stock	320,00	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

ZAMBROWICZ BRIAN P 8800 TECHNOLOGY FOREST PLACE THE WOODLANDS, TX 77381

EVP, Chief Scientific Officer

Signatures

/s/ Brian P. Zambrowicz, Ph.D.

02/12/2013

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (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, 2014 and vest an additional 25% on February 28 of each of the three succeeding years
- (3) Option vests with respect to 25% of the shares subject to the option on the first anniversary of grant (2/8/2014) and vests 1/48th per month for each month of service thereafter

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.

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