LEXICON PHARMACEUTICALS, INC./DE Form 3 August 29, 2007 FORM 3 UNITED STATES SECURI Wash

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

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF 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

## OMB 3235-0104 Number: January 31, Expires: 2005

OMB APPROVAL

Expires: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Ac SOBECK	•	-	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol LEXICON PHARMACEUTICALS, INC./DE [LXRX]					
(Last)	(First)	(Middle)	(Wohld/Day/Tear) 08/28/2007	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
8800 TECHI	NOLOGY F	FOREST							
PLACE				(Che	ck all applicab	le)			
	(Street)			XDirector10% Owner OfficerOther			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting		
THE				(give title b	elow) (specify b	below)	Person Form filed by More than One		
WOODLAN	DS, TXÂ	773811160					Reporting Person		
(City)	(State)	(Zip)	Table I - N	Non-Deriva	ative Securi	ities Be	eneficially Owned		
1.Title of Secur (Instr. 4)	ity		2. Amount of 5 Beneficially O (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu Owner (Instr.	1		
Common Sto	ock		1,000		D	Â			
Reminder: Repo owned directly of	-	te line for each	class of securities beneficia	<sup>lly</sup> S	EC 1473 (7-02	2)			
		•	nd to the collection of ed in this form are not						

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

required to respond unless the form displays a

currently valid OMB control number.

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)			5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

Shares

(I) (Instr. 5)

# **Reporting Owners**

Reporting Owner Name	Relationships						
L B	Director	10% Owner	Officer	Other			
SOBECKI CHRISTOPHE 8800 TECHNOLOGY FOI THE WOODLANDS, T	ÂX	Â	Â	Â			
Signatures							
/s/ Sobecki, Christopher J	08/28/2007						
<u>**</u> Signature of Reporting Person	Date						
THE WOODLANDS, TX <b>Signatures</b> /s/ Sobecki, Christopher J <u>**</u> Signature of Reporting	KÂ 773811160 08/28/2007	X	Â	Â	Â		

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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. 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.