FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | |
|--------------------------|-----------|
| OMB Number: | 3235-0287 |
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| Check this box if no longer subject to Section 16. Form 4 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | | | , | e Investment C | | | | | | | | | |
|---|---|----------------------|---|--|--|------------------------|--|-----------------------------|--|-----------|---|---|---|--|--|---|--|
| Name and Address of Reporting Person* BENNETT C FRANK | | | | | 2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
| | | | | | | | | | | | | X | Officer (give title | below) | Other (spe | ecify below) | |
| ` ' | First) | ` | iddle) | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | SVP, Antisense Research | | | | |
| C/O IONIS PHARMACEUTICALS, INC. | | | | | 01/01/2016 | | | | | | | | | | | | |
| 2855 GAZELLE COURT | | | | | | | | | | | | | | | | | |
| (Street) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| CARLSBAD CA 92010 | | | | | | | | | | | X | X Form filed by One Reporting Person | | | | | |
| | | | | | | | | | | | | | Form filed by Mo | ore than One | Reporting Person | | |
| (City) (S | State) | (Zi | p) | | | | | | | | | | | | | | |
| | | | | Table I - | Non-Dei | rivative Se | curities A | cquired, D | isposed o | , or Bene | eficially Owr | ned | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transac Date (Month/Da | Exec | Deemed oution Date, | 3. Transaction Code (Instr. 8) 4. Securi 3, 4 and | | rities Acquired (A) or Disposed Of (D 5) | | ` ` ` E | i. Amount of Securiti Beneficially Owned F Reported Transaction | Following Direct | Ownership Form: irect (D) or Indirect (I) nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. | | |
| | | | | | (WOIIIII/Da | (Mor | | Code V | Amount | | (A) or (D) | | Instr. 3 and 4) | 1(5) | 11511. 4) | 4) | |
| Common Stock | | | | | 01/01/2 | 2016 01 | /01/2016 | J ⁽¹⁾ | v | 89 | A | \$47.7105 | 7,405 | | D | | |
| | | | | Table | | | | quired, Disp s, options, | | | cially Owne | d | | | | | |
| Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ise (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac (Instr. 8) | ction Code | Securities A | . Number of Derivative securities Acquired (A) or bisposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securitie Derivative Security (Instr. 3 and | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following | Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | | Amount or Number of Share | es | Reported Transaction(s) (Instr. 4) | n(s) | | |
| | | | | | | | | | | | | | | | | | |
| Employee Stock Option (right to buy) | \$61.68 | 01/04/2016 | 01/04/2016 | A | | 38,240 | | 01/04/2017 ⁽² | 01/03/2023 | Com | nmon Stock | 38,240 | \$0 | 38,240 | D | | |

- Explanation of Responses:
 1. Reporting 89 shares acquired under the Ionis Pharmaceuticals, Inc. Amended and Restated 2000 Employee Stock Purchase Plan on January 1, 2016. These 89 shares may not be sold until July 2, 2016.
- 2. Grant of 1/4/2016 to reporting person of stock options under the Ionis Pharmacueticals, Inc. 2011 Equity Incentive Plan. 25% of the shares subject to the option vest and become exercisable on 1/4/2017. Thereafter, the remaining shares subject to the option vest and become exercisable as to 0 on 1/4/2016.

Remarks:

/s/B. Lynne Parshall, attorney-in-fact
** Signature of Reporting Person

01/04/2016

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.

Know all by these presents, that the undersigned hereby constitutes and appoints each of Stanley T. Crooke and B. Lynne Parshall, signing individually, the undersign (1) execute for and on behalf of the undersigned, an officer, director or holder of 10% or more of a registered class of securities of Isis Pharmaceuticals, Inc. (Is (2) do and perform any and all acts for and on behalf of the undersigned that may be necessary or desirable to complete and execute such Form 3, 4 or 5, complete and (3) take any other action of any nature whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit, in the best in The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, (1) This Power of Attorney shall remain in full force and effect until the earliest to occur of (a) the undersigned is no longer required to file Forms 3, 4 and 5 with 1

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 22nd day of November, 2002.

/S/C. Frank Bennett