FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	D.C.	20549	
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Baroldi Joseph					2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS]										cable) or (give title			wner	
(Last) 2855 GA	(First) (Middle) GAZELLE COURT						Earlie 23	st Tra	nsaction	n (Mor	nth/Day/Year)			EVI		below) usiness Officer			
(Street) CARLSBAD CA 92010					4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		Zip)																
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				on	2A. Deemed Execution Date,			3. Transa Code (I 8)	ction	4. Securities Disposed Of	5. Amount of Securities Beneficially Owned Follow		unt of es ially Following	6. Owner Form: D (D) or Ir (I) (Instr	Direct of direct I	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	1	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)
Common	Stock			01/17/20	023				M ⁽¹⁾		904(1)	A	\$0.0		1,	1,226			by Spouse
Common	Stock			01/18/20	023				S ⁽²⁾		375(2)	D	\$39.786	8(3)	851		I		Spouse
Common	Stock														3,613				
		Т	able								sposed of				vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion or Exercise (Month/Day/Year) Execution Diff any Price of Derivative		ition Date,	on Date, Transa		saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)				9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: ly Direct (D) or Indirec (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	Amount or Number of Shares	1					
Restricted Stock Unit	\$0.0 ⁽⁴⁾	01/17/2023			M	М		904	(5)		(5)	Commor Stock	904	\$0.0		3,962		I	by Spouse

Explanation of Responses:

- 1. Acquired pursuant to vesting and release of shares in accordance with Restricted Stock Unit awards.
- 2. The sale was made pursuant to an automatic sale to cover the required tax withholding obligations pursuant to the 2011 Equity Incentive Plan Restricted Stock Unit Agreement and Grant Notice
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$39.76975 to \$39.79032 inclusive. The reporting person undertakes to provide to Ionis Pharmaceuticals, Inc. any security holder of Ionis Pharmaceuticals, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (3) on this Form 4.
- 4. Each Restricted Stock Unit represents a contingent right to receive one share of Ionis common stock, or its equivalent cash value.
- 5. Restricted Stock Units vest in four equal annual installments. Upon vesting, the restricted stock units will be paid out in whole shares of Ionis common stock or cash as may be determined by the Company.

By: Patrick R. O'Neil, attorney-01/19/2023 in-fact For: Joseph T. Baroldi

** Signature of Reporting Person Date

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.