Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person* REED JOHN C						2. Issuer Name and Ticker or Trading Symbol ISIS PHARMACEUTICALS INC [ISIS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) C/O ISIS					3. Date of Earliest Transaction (Month/Day/Year) 07/02/2012							X Director 10% Owner Officer (give title below) Other (specify below)				·		
(Street) CARLSBAD CA 92010				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(9	State)	(Zip)															
		Tal	ble I - Non-D	erivativ	ve Se	curitie	s Ac	quired, Di	sposed o	f, or Ber	eficiall	y Owned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Executio			Code (Inst	Fransaction Disposed Code (Instr. 5)			5. Amour Securitie Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)			
			Table II - Dei (e.ç					uired, Disp s, options,				Owned			·			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code	4. Transaction Code (Instr. 8)		oer ive ies ed ed nstr.	6. Date Exerci Expiration Da (Month/Day/Yo	te	7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares							
Restricted Stock Units	(1)	07/02/2012	07/02/2012	A		1,250		(2)	(2)	Common Stock	1,250	\$0	1,250)	D			
Director Stock Option (right to	\$12.94	07/02/2012	07/02/2012	A		11,250		07/02/2013 ⁽³⁾	07/01/2022	Common Stock	11,250	\$0	11,25	0	D			

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of Isis common stock, or its equivalent cash value.
- 2. The restricted stock units vest in four equal annual installments, the first installment vesting on July 2, 2013. Upon vesting, the restricted stock units will be paid out in whole shares of Isis common stock or cash as may be determined by the Company. The RSU shall be fully vested on July 2, 2016. The RSU is vested as to 0 shares on July 2, 2012.
- 3. Grant of 7-2-12 to reporting person of stock options under the Isis Pharmaceuticals, Inc. 2002 Non Employee Directors' Stock Option Plan. The option vests and becomes exercisable in four equal annual installments, the first installment vesting on 7-2-13. The option shall be fully vested and exercisable on 7/2/2016. The option is exercisable as to 0 shares on 7/2/2012.

Remarks:

/s/B. Lynne Parshall, Attorneyin-Fact

07/03/2012

** 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.