| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| 1 I. Nume and Address of Reporting reison | | | g Person [*] | 2. Issuer Name and Ticker or Trading Symbol ISIS PHARMACEUTICALS INC [ISIS] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--------|----------------|-----------------------|--|---|----------------------------|----------------------|--|--|--|
| UNEI | L PAL | <u>RICK R.</u> | | | | Director | 10% Owner | | | |
| - | | | | — | _ x | Officer (give title | Other (specify | | | |
| (Last) | | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | below) | below) | | | |
| | | · · / | | 01/04/2013 | | SVP, Legal and Ge | neral Counsel | | | |
| C/O ISIS | 5 PHAR | MACEUTI | CALS, INC. | | | | | | | |
| 2855 GA | ZELLE | E COURT | | | | | | | | |
| - | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi | vidual or Joint/Group Fili | ng (Check Applicable | | | |
| (Street) | | | | | Line) | | | | | |
| l` í | | ~ | 00010 | | X | Form filed by One Re | porting Person | | | |
| CARLSI | BAD | CA | 92010 | | | Form filed by More th | an One Reporting | | | |
| | | | | — | | Person | an one rreporting | | | |
| (City) | | (State) | (Zip) | | | | | | | |

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 4. Securities / Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|-------------------------|---|--|---------------|---------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (|
| Common Stock | 01/04/2013 | 01/04/2013 | S ⁽¹⁾ | | 1,296(1) | D | \$10.76 | 1,463 | D | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivati Security (Instr. 3) | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) or Dispo of (D) | Derivative (Month/Day/Year) securities Acquired A) or Disposed of (D) Instr. 3, 4 | | | Expiration Date Amount of | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (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 | | | | |

Explanation of Responses:

1. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on 3/16/2012.

Remarks:

/s/Patrick R. O'Neil

01/04/2013

Date

** Signature of Reporting Person

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.