FORM 4

Check this box if no longer subject

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person*  PARSHALL B LYNNE					2. Issuer Name and Ticker or Trading Symbol  IONIS PHARMACEUTICALS INC [ IONS ]										tionship of Reportir all applicable) Director Officer (give title below)		ng Person(s) to Is 10% Ov Other (s		wner
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 09/26/2023												below)	specify
(Street) CARLSBAD CA 92010					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
	DAD CA	CA 92010												Form filed by More than One Reporting Person					orting
(City) (State) (Zip)					Ru	Rule 10b5-1(c) Transaction Indication													
						X Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - I	Non-Deriva	tive	Secui	rities	Acc	quir	ed, Di	sposed o	f, or I	Benefici	ally	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye.			ar) if	2A. Deemed Execution D if any (Month/Day/		Date, Ti		iction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			d 5) Sed Bed Ow				n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership		
							Co	ode	V A	Amount	(A) or (D)	Price		Reported (II Transaction(s) (Instr. 3 and 4)		(Inst	ir. 4)	(Instr. 4)	
Common Stock				09/26/202	23				S		10,000(1)	D	\$45.126	8(2)	82,588			D	
		Tal	ble	II - Derivati (e.g., pu							posed of, convertil				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	Deemed ecution Date, ny onth/Day/Year)		ansaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Date Exe piration I onth/Day		Amo Secu Unde Deriv	cle and unt of unities erlying vative irrity (Instr. d 4)	Deri Sec	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Code V		(A)	(D)	Dat Exe	te ercisable	Expiration Date	Title	or Number of Shares										

## **Explanation of Responses:**

- $1. Shares sold pursuant to a Rule 10b5-1\ Trading\ Plan\ adopted\ by\ the\ reporting\ person\ on\ November\ 16,2022$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$45.05 to \$45.25, 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 (2) on this Form 4

By: Patrick R. O'Neil, attorney-in-fact For: B. Lynne 09/28/2023 Parshall

\*\* 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.