FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	Washingtor	n, D.C. 20549	
STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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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)

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* Baroldi Joseph						2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC IONS								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) 2855 GA	(FI	*	(Middle))		3. Date of Earliest Transaction (Month/Day/Year) 04/15/2024								below				·	
(Street)	BAD C	A	92010		4.1	If Amer	ndme	nt, Date	of Orig	inal Fi	iled (Month/Da	ay/Year)	Line	e) <mark>X</mark> Form	filed by One	Repo	(Check Apporting Person One Report	า	
(City)	(S	tate)	(Zip)		Rule 10b5-1(c				r) Transaction Indication					Perso	n .		·		
						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.													
		Tab	le I - I	Non-Deri	vativ	e Sec	curit	ies A	cquir	ed, D)isposed c	of, or B	eneficial	ly Owne	d				
Date		2. Transact Date (Month/Day		Exec Year) if any		Deemed ecution Date, ny onth/Day/Year)		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				ties cially I Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price		ction(s) 3 and 4)			(Instr. 4)			
Common Stock 04/15/20		024	4			M ⁽¹⁾		10,838(1)	A	\$0.0	2	3,637		D					
Common Stock 04/16/202		024	4			S ⁽²⁾		4,006(2)	D	\$41.5978	3(3)	9,631		D					
Common Stock												1	,640			by Spouse			
		-	Table								sposed of, s, converti			Owned					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Date Execution		on Date, Transa Code (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 Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						
Restricted Stock Unit	\$0.0 ⁽⁴⁾	04/15/2024			M			10,838		(5)	(5)	Commo	n 10,838	\$0.0	53,13	5	D		

Explanation of Responses:

- 1. Acquired pursuant to vesting and release of shares in accordance with a Restricted Stock Unit award.
- 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 \$41.55 to \$41.65 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.
- 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, attorneyin-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.