### SEC Form 4

# 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. See Instruction 1(b).

### 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
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			or Section So(n) of the Investment Company Act of 1940			
1. Maine and Address of Reporting Feison			2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [ IONS ]		tionship of Reporting Pers all applicable) Director	on(s) to Issuer 10% Owner
(Last) C/O IONIS PHA 2855 GAZELLE	(First) RMACEUTICAI COURT	(Middle) .S, INC.	3. Date of Earliest Transaction (Month/Day/Year) 01/15/2018	x	Officer (give title below) Chief Business	Other (specify below) Officer
(Street) CARLSBAD (City)	CA (State)	92010 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi Line) X	idual or Joint/Group Filing Form filed by One Repo Form filed by More than Person	rting Person

#### 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)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
				v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock	01/15/2018	01/15/2018	<b>M</b> <sup>(1)</sup>		<b>5,367</b> <sup>(1)</sup>	Α	\$ <mark>0</mark>	11,127	D		
Common Stock	01/16/2018	01/16/2018	<b>S</b> <sup>(2)</sup>		2,196 <sup>(2)</sup>	D	\$51.76	8,931	D		

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

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)	4. Transa Code ( 8)		Derivati Securiti Acquire or Disp	urities (Month/Day/Year) juired (A) Disposed D) (Instr. 3,		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	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		Transaction(s) (Instr. 4)		
Restricted Stock Units	(3)(5)	01/15/2018	01/15/2018	A		12,916		(4)	(4)	Common Stock	12,916	\$0	12,916	D	
Restricted Stock Units	(5)	01/15/2018	01/15/2018	М			5,367	(4)	(4)	Common Stock	5,367	\$0	10,427	D	

#### Explanation of Responses:

1. Acquired pursuant to vesting and release of shares pursuant to 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. Grant to reporting person of Restricted Stock Units under the Ionis Pharmaceuticals, Inc. 2011 Equity Incentive Plan.

4. 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.

5. Each Restricted Stock Unit represents a contingent right to receive one share of Ionis common stock, or its equivalent cash value.

Remarks:

#### /s/B. Lynne Parshall, attorney-

in-fact

\*\* Signature of Reporting Person Date

01/17/2018

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.