FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
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l	hours per response:	0.5							

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* <u>Geary Richard S</u>									ker or Trading CEUTICA	,	(Che	ck all applic Directo	able)	ng Person(s) to Iss 10% O Other (wner	
(Last) (First) (Middle) C/O ISIS PHARMACEUTICALS, INC. 2855 GAZELLE COURT						Date 0 /30/2		Trans	saction (Month	/Day/Year)	<u> </u>	below)			below)	Scony .	
(Street) CARLSBAD CA 92010			92010		_	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	,	(Zip)	-Deriv	vativ	- Se	curities	<u> </u>	equired Dis	enosed o	f or Ber	eficially	, Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					saction	2A. Deemed Execution Date,			Code (Instr. 5)			d (A) or	5. Amour Securitie Beneficia Owned F	s Illy ollowing	Form	Direct Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership
									Code V	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)
									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	ate,	4. Transactio Code (Inst 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Restricted StockUnits	(1)	01/30/2013	01/30/201	13	A		5,590		(2)	(2)	Common Stock	5,590	\$0	5,590		D	
Employee Stock Option (right to	\$14.69	01/30/2013	01/30/201	13	A		33,540		01/02/2014 ⁽³⁾	01/29/2020	Common Stock	33,540	\$0	33,540)	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. Grant of 1/30/2013 to reporting person of Restricted Stock Units under the Isis Pharmaceuticals, Inc., 2011 Equity Incentive Plan. Restricted Stock Units vest in four equal annual installments, the first installment vesting on January 15, 2014. 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 January 15, 2017. The RSU is vested as to 0 shares on January 30, 2013.
- 3. Grant of 1/30/2013 to reporting person of stock options under the Isis Pharamceuticals, Inc. 1989 Stock Option Plan. 25% of the shares subject to the option will vest and become exercisable on 1/2/2014. Thereafter, the remaining shares subject to the option vest and become exercisable in 36 equal monthly installments, at the rate of 8,385 shares per year. The option is exercisable as to 0 shares on 1/30/2013.

Remarks:

<u>/s/B. Lynne Parshall, Attorney-in-Fact</u>

02/01/2013

** 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.