FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235	

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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

									Jilipariy Act							
1. Name and Address of Reporting Person*  BENNETT C FRANK					2. Issuer Name and Ticker or Trading Symbol ISIS PHARMACEUTICALS INC [ ISIS ]							ck all applic	able)	erson(s) to Iss 10% O Other (	wner	
(Last) (First) (Middle) C/O ISIS PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 01/30/2013						below)				
2855 GAZELLE COURT						If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable				
(Street) CARLSBAD CA 92010				vanchament, bate of original rilea (world) bay/rear)						Line)	Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3)  2. Transa Date (Month/D.					Execution Date,		Code (Inst					es Fo ally (D Following (I)	Ownership orm: Direct o) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
				Code V			Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)		(Instr. 4)			
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 Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr. 8) of Deriv Sect Acquire (A) of Disp of (D		of Expira		Expiration Date  Month/Day/Year)  L		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
				Code	· v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	(1)	01/30/2013	01/30/2013	A		5,660		(2)	(2)	Common Stock	5,660	\$0	5,660	D		
Employee Stock Option (right to buy)	\$14.69	01/30/2013	01/30/2013	A		34,000		01/02/2014 <sup>(3)</sup>	01/29/2020	Common Stock	34,000	\$0	34,000	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 8,500 shares per year. The option is exercisable as to 0 shares on 1/30/2013.

## Remarks:

/s/C. Frank Bennett

02/01/2013

\*\* 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.