FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	houre per rechence:	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

Name and Address of Reporting Person*     O'NEIL PATRICK R.						2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [ IONS ]							S] (Che	eck all applic Directo	onship of Reporting all applicable) Director Officer (give title		on(s) to Issu 10% Ow Other (s	wner	
(Last) (First) (Middle) C/O IONIS PHARMACEUTICALS, INC. 2855 GAZELLE COURT						3. Date of Earliest Transaction (Month/Day/Year) 01/15/2018								below)					
(Street) CARLSBAD CA 92010 (City) (State) (Zip)					_	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Та	ble I - No	n-Der	ivativ	ve S	ecuritie	s Acc	uired	, Dis	sposed of	f, or Ben	eficially	/ Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Executio ay/Year) if any		cution Date,				ties Acquired (A) or I Of (D) (Instr. 3, 4 a		5. Amour Securitie Beneficia Owned F	s ally ollowing	Form:	Direct Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock 01/15/3					5/201	2018 01/15/2018		2018	M <sup>(1)</sup>		6,663(1)	A	\$0	17,	,149		D		
Common Stock 01/16/2				6/201	2018 01/16/2		2018	s <sup>(2)</sup> 2,697 <sup>(2)</sup> Γ		D	\$51.76(	14,452			D				
			Table II								osed of, convertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code ( 8)				6. Date Exerc Expiration Da (Month/Day/)		ate	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares	per	(Instr. 4)				
Restricted Stock Units	(4)(6)	01/15/2018	01/15/2	018	A		12,141		(5)		(5)	Common Stock	12,141	\$0	12,14	1	D		
Restricted Stock Units	(6)	01/15/2018	01/15/2	018	M			6,663	(5)		(5)	Common Stock	6,663	\$0	10,14	8	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. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$51.759 to \$51.761, 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 (3) on this Form 4.
- $4. \ Grant \ to \ reporting \ person \ of \ Restricted \ Stock \ Units \ under \ the \ Ionis \ Pharmaceuticals, \ Inc. \ 2011 \ Equity \ Incentive \ Plan.$
- 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.
- 6. 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, attorneyin-fact 01/17/2018

\*\* 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.