FORM 4

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
Section 16. Form 4 or Form 5		
obligations may continue. See		

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* McDevitt Damien					2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC IONS							eck all applic	•	erson(s) to Iss 10% Ov Other (s	vner	
(Last) (First) (Middle) C/O IONIS PHARMACEUTICALS, INC. 2855 GAZELLE COURT				0	3. Date of Earliest Transaction (Month/Day/Year) 01/15/2019							X Onicer (give title Other (specify below) Chief Business Officer				
(Street) CARLSI			92010 (Zip)	4	. If Ame	endment, I	Date o	of Original Fil	ed (Month/D	ay/Year)	Line	e) X Form fi	loint/Group Fili led by One Re led by More th	porting Perso	n	
(=:9)	(-	-	le I - Non-l	Derivati	ve Se	curities	s Ac	guired, D	isposed o	of, or Be	neficial	ly Owned	<u> </u>			
1. Title of Security (Instr. 3) 2. Transa Date				. Transactio	2A. Deemed Execution Da		ed 3. Date, Transaction Code (Instr.		4. Secur Dispose	4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		5. Amou Securitie Beneficia Owned F	nt of 6. C es For ally (D) following (I) (I	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)	
		-	Гable II - De (e					uired, Dis , options,				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	rcise (Month/Day/Year) of tive	Date Execution Date,	Code	Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	e V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Restricted Stock	(1)(2)	01/15/2019	01/15/2019	9 A		13,065		(3)	(3)	Common Stock	13,065	\$0	13,065	D		

Explanation of Responses:

- $1. \ Grant \ to \ reporting \ person \ of \ Restricted \ Stock \ Units \ under \ the \ Ionis \ Pharmaceuticals, \ Inc. \ 2011 \ Equity \ Incentive \ Plan.$
- 2. Each Restricted Stock Unit represents a contingent right to receive one share of Ionis common stock, or its equivalent cash value.
- 3. 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.

Remarks:

/s/Patrick R. O'Neil, attorney-

01/17/2019

** 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.