FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVAL

OMB Number:	3235-0287						
Estimated average burden							
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

Name and Address of Reporting Person* O'NEIL PATRICK R. (Last) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS]								theck all app Direc X Office below	telationship of Reporting Person(s) to eck all applicable) Director 10% X Officer (give title below) 5VP, Legal & General Cour			wner specify
C/O IONIS PHARMACEUTICALS, INC. 2855 GAZELLE COURT						3. Date of Earliest Transaction (Month/Day/Year) 02/06/2017									, Legal &	Gene	rai Couns	eı
(Street) CARLSI (City)			92010 (Zip)		_ 4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)									Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting on			
		Tab	le I - No	n-Deri	vative	e Se	curiti	es Ad	cquired	, Dis	sposed (of, or Be	neficia	ılly Owne	d			
1. Title of Security (Instr. 3) 2. To Date			2. Trans Date			2A. Deemed Execution Date,		3. Transa Code (3. 4. Securi Transaction Code (Instr.		ties Acquire I Of (D) (Ins	ed (A) or	5. Amo Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or (D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock				02/06	02/06/2017		02/06/2017		S ⁽¹⁾		1,0000	1) D	\$46.0	004 1	12,449		D	
Common Stock			02/06/2017			02/06/2017		M ⁽²⁾		19(2)	A	\$7.2	25 1	12,468		D		
Common Stock				02/06/2017			02/06/2017		S ⁽²⁾		19(2)	D	\$46	.5 1	12,449		D	
Common Stock				02/06	02/06/2017		02/06/2017		M ⁽²⁾		481(2)) A	\$10.	82 1	12,930		D	
Common Stock			02/06	5/2017	/2017		02/06/2017			481(2)) D	\$46	.5 1	12,449		D		
		Т	able II -									, or Ben ble secu		y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,		5. Number 6. ransaction of Derivative (N			Expiration	5. Date Exercisable and Expiration Date Month/Day/Year)			d f g Security nd 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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code			Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$7.25	02/06/2017	02/06/	/2017	M			19	01/03/20	16	01/02/2019	Common Stock	19	\$0	\$0 1,200		D	
Employee Stock Option (right to	\$10.82	02/06/2017	02/06/	/2017	M			481	01/02/20	17 (01/01/2020	Common Stock	481	\$0	\$ 0 4,426		D	

Explanation of Responses:

- $1.\ The sale reported on this Form 4 was effective pursuant to a Rule 10b5-1\ Trading\ Plan adopted by the reporting person on 1/6/2017.$
- $2. \ Acquired as a result of exercising a stock option pursuant to Rule 10b5-1 \ Trading \ Plan. The purchase and sale reported on this Form 4 was effective pursuant to Rule 10b5-1 \ Trading \ Plan adopted by the reporting person on 1/6/2017.$

Remarks:

/s/Patrick R. O'Neil

02/07/2017

Date

** Signature of Reporting Person

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.