FORM 4

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP change Act of 1934 y Act of 1940

OMB APPROVAL								
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Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Ex or Section 30(h) of the Investment Company
1 Name and Address of Reporting Person*	Issuer Name and Ticker or Trading Symbol

Name and Address of Reporting Person*     Cadoret-Manier Onaiza				2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [ IONS ]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify							
(Last) (First) (Middle) C/O IONIS PHARMACEUTICALS, INC. 2855 GAZELLE COURT				04/	3. Date of Earliest Transaction (Month/Day/Year) 04/15/2020								X below) below) Chief Corp Dev and Cml Officer						
(Street) CARLSE			92010 (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year) 01/17/2020							Line)	Adividual or Joint/Group Filing (Check Applicable 2)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date,		3. 4. Securities Acquired Disposed Of (D) (Instr. 5)					5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	/	Amount	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				(111501.4)
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Execusive Or Exercise (Month/Day/Year) if any		3A. Deemed Execution Da if any (Month/Day/	Date, Tra		ction Instr.	of I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C s F ally C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				С	Code	v	(A)	(D)	Date Exercisable		expiration pate	Title	or Nu of	umber					
Restricted Stock Unit	(1)(2)	04/15/2020	04/15/202	20	A <sup>(4)</sup>		22,667		(3)		(3)	Common	22	2,667	\$0	22,667	,	D	

## **Explanation of Responses:**

- 1. Grant to reporting person of Restricted Stock Units under the Ionis Pharmaceuticals, Inc. Amended and Restated 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 Ionis.
- 4. The original Form 4 filed on January 17, 2020 reported Restricted Stock Units granted to the reporting person on January 15, 2020, which has been revised by this amendment to reflect the actual grant date.

## Remarks:

/s/ Patrick R. O'Neil , attorney-04/17/2020 in-fact \*\* 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.