Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

	OMB APPROVAL									
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ı	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* CROOKE STANLEY T						2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	,	•	(Middle)			Date of Earliest Transaction (Month/Day/Year)								helow)		Other (specify below)		specify	
C/O IONIS PHARMACEUTICALS, INC. 2855 GAZELLE COURT						2017 endme	nt Date	of Origina	al File	d (Month/Da	6.1	6. Individual or Joint/Group Filing (Check Applicable							
(Street)	BAD C.	A	92010		_			my Date	o. ogc	al Filed (Month/Day/Year)				e) X Form f Form f	Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(S	tate)	(Zip)											Persor	ı				
		Tak	le I - No	n-Deri	vative	e S	ecurit	ties Ac	quired	, Dis	sposed o	of, or Be	neficial	ly Owned	l				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Benefici Owned I	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock			03/0	03/02/2017		03/02/2017		M ⁽¹⁾		11,000	(1) A	\$7.2	5 49	49,014		D			
Common Stock			03/0	03/02/2017		03/02/2017		S ⁽¹⁾		11,000	(1) D	\$51.0)5 38	38,014		D			
Common Stock				03/0	03/02/2017		03/02/2017		M ⁽²⁾		1,100	2) A	\$10.2	29 4,	4,162		I	By wife	
Common Stock			03/0	3/02/2017		03/02/2017		S ⁽²⁾		1,100	2) D	\$51.0)5 3,	3,062		I	By wife		
Common	on Stock												725	725,391		I	By trust		
		•	Table II -								osed of, converti			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr 8)				6. Date Exercis Expiration Date (Month/Day/Yea		te	7. Title an of Securit Underlyin Derivative (Instr. 3 a	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$7.25	03/02/2017	03/02/2	2017	М	И		11,000	01/03/20	01/03/2016		Common Stock	11,000	\$0	53,462		D		
Employee Stock Option (right to	\$10.29	03/02/2017	03/02/2	2017	М			1,100	01/03/20	015	01/02/2018	Common Stock	1,100	\$0	1,500		I	By wife	

Explanation of Responses:

- 1. 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 9/21/2015.
- 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's wife on 9/21/2015.

Remarks:

/s/B. Lynne Parshall, attorney-

03/06/2017

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.