SEC F	orm 4
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB APPROVAL
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			of occurrent of the investment company her of 1040						
1. Name and Address of Reporting Person [*] CROOKE STANLEY T			2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				X	Director	10% Owner			
(Last) (First) (Middle)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	X	Officer (give title below)	Other (specify below)			
	ARMACEUTICA	()	01/02/2018	Chairman and CEO					
2855 GAZELL	E COURT								
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	ridual or Joint/Group Filing (Check Applicable				
CARLSBAD	CA	92010		X	Form filed by One Rep	orting Person			
(City)	(State)	(Zip)	-		Form filed by More tha Person	n One Reporting			
())	()	X 17							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number Derivativ Securitie Acquired or Dispos of (D) (In 3, 4 and 5	re s I (A) sed str.	6. Date Exercia Expiration Dat (Month/Day/Ye	e	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Employee Stock Option (right to buy)	\$49.25	01/02/2018	01/02/2018	A		158,175		01/02/2019 ⁽¹⁾	01/02/2025	Common Stock	158,175	\$0	158,175	D	
Employee Stock Option (right to buy)	\$49.25	01/02/2018	01/02/2018	A		17,603		01/02/2019 ⁽²⁾	01/01/2025	Common Stock	17,603	\$0	17,603	Ι	By wife

Explanation of Responses:

1. Grant of 1/2/2018 to reporting person of stock options under the Ionis Pharmaceuticals, Inc. 2011 Equity Incentive Plan. 25% of the shares subject to the option vest and become exercisable on 1/2/2019. Thereafter, the remaining shares subject to the option vest and become exercisable in 36 equal monthly installments, at the rate of 39,544 shares per year. Following this transaction, the option was exercisable as to 0 on 1/2/2018.

2. Grant of 1/2/2018 to reporting person of stock options under the Ionis Pharmaceuticals, Inc. 2011 Equity Incentive Plan. 25% of the shares subject to the option vest and become exercisable on 1/2/2019. Thereafter, the remaining shares subject to the option vest and become exercisable in 36 equal monthly installments, at the rate of 4,401 shares per year. Following this transaction, the option was exercisable as to 0 on 1/2/2018.

Remarks:

<u>/s/B. Lynne Parshall, attorney-</u>

01/02/2018

** Signature of Reporting Person

in-fact

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.

Date