FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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

1. Name and Address of Reporting Person* Castleman Breaux (Last) (First) (Middle)						Issuer Name and Ticker or Trading Symbol ISIS PHARMACEUTICALS INC [ISIS] Date of Earliest Transaction (Month/Day/Year)							5. Relationship of Reporting (Check all applicable) X Director Officer (give title below)			on(s) to Issu 10% Ow Other (s below)	ner	
C/O ISIS PHARMACEUTICALS, INC. 2855 GAZELLE COURT						06/25/2013 4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street) CARLSBAD CA 92010			92010									- 1	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	itate)		ative Securities Acquired, Disposed of, or Beneficially Owned														
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D						2A. Deemed Execution Date,			3. 4. Securities Acquir Disposed Of (D) (Instance) Code (Instr. 5)			d (A) or	5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code V	Amo	unt	(A) or (D) Price		Transact (Instr. 3 a	ion(s)			(Instr. 4)	
			Table II - De (e.ç					uired, Dis s, options,					Owned					
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/Yea	Code	action (Instr.			6. Date Exerc Expiration Da (Month/Day/Y	ite	of Securitie		es 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 Exercisable	Expirat Date	tion	Title	Amount or Number of Shares						
Director Stock Option (right to buy)	\$26.66	06/25/2013	06/25/2013	A		22,500		06/25/2014 ⁽¹⁾	06/24/2	2023	Common Stock	22,500	\$0	22,500)	D		
Restricted Stock Units	(2)	06/25/2013	06/25/2013	A		3,750		(3)	(3)		Common Stock	3,750	\$0	3,750		D		

Explanation of Responses:

- 1. Grant of 6/25/13 to reporting person of stock options under the Isis Pharmaceuticals, Inc. 2002 Non Employee Directors' Stock Option Plan. The option vests and becomes exercisable in four equal annual installments, the first installment vesting on 6/25/14. The option shall be fully vested and exercisable on 6/25/17. The option is exercisable as to 0 shares on 6/25/13.
- 2. Each restricted stock unit represents a contingent right to receive one share of Isis common stock, or its equivalent cash value.
- 3. The restricted stock units vest in four equal annual installments, the first installment vesting on 7/1/14. Upon vesting, the restricted stock units will be paid out in whole shares of Isis common stock or cash as may be determined by the Company. The RSU shall be fully vested on 7/1/17. The RSU is vested as to 0 shares on 6/25/13.

Remarks:

<u>/s/B. Lynne Parshall, Attorney-</u>in-Fact

06/26/2013

** 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.