FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
ı	hours por rosponso:	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*						2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
BENNETT C FRANK						71 110	, , , , , , , , , , , , , , , , , , , 		IIOLO	110	TILO III	<u>o</u> [1011	۱ ا	Directo	r		10% Ov	vner		
		- L										(give title		Other (s	specify					
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)								below) belo					
C/O IONIS PHARMACEUTICALS, INC.						01/01/2018								SVP, Antisense Research						
2855 GA	ZELLE CO	DURT	4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable								
(Chr. ad)															Line)					
(Street)												X Form filed by One Reporting Person								
CARLSBAD CA 92010		92010			Form filed by More that								e than	One Repor	ting					
(City) (State) (Zip)												Person								
		Tal	ble I - Nor	n-Deri	ivativ	e Se	curitie	sΔc	nuired	Dis	nosed o	f or Rei	eficiall	v Owned						
:			1101						.		. 	<u> </u>			-4 -6			7. Nature of		
1. Title of Security (Instr. 3) 2. Transa Date					saction	Execution Date,			Code (Instr.			es Acquire Of (D) (Inst						Indirect		
(Month/Da					/Day/Ye								Beneficia Owned B	ollowing (i) (Ir I		nstr. 4)	Beneficial Ownership (Instr. 4)			
						(World Day Tear)			u) 0)			1	- Reported							
									Code	۱v	Amount	(A) or (D)	Price	Transact (Instr. 3						
Common Stock 01/01/2						2018 01/01/2018		J ⁽¹⁾	v	106(1)	A	\$42.75	5 15	.147		D				
			Table II -	Deriv	ative	Sec	urities	Δςα	uired C)ien	nsed of	or Bene	ficially	Owned		1				
											convertik			Omica						
1. Title of 2. 3. Transaction 3A. Deemed 4.				4.		5. Numb	oer	6. Date Ex	6. Date Exercisable and 7.			d Amount	8. Price of	9. Number of		10.	11. Nature			
Derivative	Conversion	Date	Execution D if any (Month/Day	Date,	Transaction Code (Instr. 8)		ion of		Expiration Date of Securities			ies	Derivative	derivative		Ownership	of Indirect			
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)							(Month/Da	ay/Yea	ar)	r) Underlying Derivative Sec		Security (Instr. 5)	Securities Beneficially		Form: Direct (D)	Beneficial Ownership (Instr. 4)		
` ,	Derivative		<u> </u> `		•		Acquired (A) or Disposed		(Instr. 3 and				nd 4)	ľ <i>′</i>	Owned Following	· (or Indirect (I) (Instr. 4)			
	Security														Reported		(1) (111511. 4)			
							of (D) (I							Transaction(s (Instr. 4)						
							3, 4 and	,					Γ	-	(5tii -1)					
								ΙI					Amount or							
								ΙI					Number							
					Code	v	(A)		Date Exercisable	ole	Expiration Date	Title	of Shares							
Employee								П												
Stock	\$ 49.25	01/02/2018	01/02/20	10	,		54,619		01/02/201	o(2)	01/01/2025	Common	54,619	\$0	54,61	,	D			
Option (right to buy)	Φ49.23	01/02/2010	01/02/20	10	A		34,019		01/02/201	y ^{(−} /	01/01/2025	Stock	34,013	Φυ	34,01	9	ע			

Explanation of Responses:

- 1. Reporting 106 shares acquired under the Ionis Pharmaceuticals, Inc. Amended and Restated 2000 Employee Stock Purchase Plan on January 1, 2018. These 106 shares may not be sold until July 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 13,655 shares per year. Following this transaction, the option was exercisable as to 0 on 1/2/2018.

Remarks:

/s/C. Frank Bennett

01/02/2018

** 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.