FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFI	CIAL OWNE	RSHIP

OMB APPROVAL								
OMB Number: 3235-02								
Estimated average burden								
houre per reenonee.	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* LOSCALZO JOSEPH					2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS]							ck all applica	able)	erson(s) to Iss 10% O	
(Last) 2855 GA	(F ZELLE CO	irst) OURT	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/01/2022							Officer (below)	give title Direc	X Other (below)	specify
(Street) CARLSI		A tate)	92010 (Zip)	4.	. If Ame	endment,	Date	of Original File	ed (Month/Day	Year)	6. Ind Line)	Form file	ed by One R	ing (Check Ap eporting Perso nan One Repo	n
(5.13)			ble I - Non-De	rivati	ve Se	ecuritie	es A	cquired, D	isposed of	, or Ben	eficially	Owned			
1. Title of Security (Instr. 3) 2. Trans. Date (Month/I			•	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Ins	on Disposed	es Acquired Of (D) (Instr.		5. Amount Securities Beneficial Owned Fo	ly (E	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V			Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 ar						
			Table II - Der (e.g					quired, Dis				wned			
1. Title of Derivative Security (Instr. 3)	Conversion Date E OF Exercise (Month/Day/Year)		3A. Deemed Execution Date, if any (Month/Day/Year)		5. Nun of Deriva Securi Acquii (A) or Dispos of (D) 3, 4 an		ve es d ed nstr.	Expiration Dat	6. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- Qualified Stock Option (right to buy)	\$38.06	07/01/2022		A		12,000		07/01/2023 ⁽¹⁾	06/30/2032 ⁽¹⁾	Common Stock	12,000	\$0.0	12,000	D	
Restricted Stock Unit	\$0.0 ⁽²⁾	07/01/2022		A		5,333		(3)	(3)	Common Stock	5,333	\$0.0	15,108	D	

- 1. Grant on July 1, 2022 to reporting person of stock options under the Amended and Restated Ionis Pharmaceuticals, Inc. 2002 Non-Employee Directors' Stock Option Plan. 100% of the shares subject to the option vest and become exercisable on either the first anniversary of the date of grant or the next regularly scheduled annual meeting of stockholders of the Company, whichever occurs earlier. The option is exercisable to 0
- 2. Each Restricted Stock Unit represents a contingent right to receive one share of Ionis common stock, or its equivalent cash value.
- 3. Grant on July 1, 2022 to reporting person of Restricted Stock Unit award under the Amended and Restated Ionis Pharmaceuticals, Inc. 2002 Non-Employee Directors' Stock Option Plan. These Restricted Stock Units vest 100% on either the first anniversary of the date of grant or the next regularly scheduled annual meeting of stockholders of the Company, whichever occurs earlier, and will be delivered to the reporting person on the July 15th following the vesting date. The Restricted Stock Unit is vested as to 0 shares on July 1, 2022.

By: Patrick R. O'Neil, attorney-07/05/2022 in-fact For: Joseph Loscalzo

** 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.