SEC Form 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 |
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| 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 OMB Number: 3235-0287 Estimated average burder hours per response: 0.5

| | ETH L IONIS PHARMACEUTICALS INC [IONS] (Check all applicable) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title Other (specify below) 01/01/2017 SVP, Finance & CFO | | | | | | |
|--|---|---|--|--|--|--|--|
| 1. Name and Address of Reporting Person* HOUGEN ELIZABETH L | | (Check all applicable) | | | | | |
| | | X Officer (give title Other (specify | | | | | |
| (Last) (First) (Middle) C/O IONIS PHARMACEUTICALS, INC. | | , , , | | | | | |
| 2855 GAZELLE COURT | | | | | | | |
| (Street) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | |
| | | | | | | | |
| (City) (State) (Zip) | | , | | | | | |

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 / Disposed Of (| | | 5. Amount of Securities Beneficially Owned Following Reported | 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 | Transaction(s) (Instr. 3 and 4) | | (|
| Common Stock | 01/01/2017 | 01/01/2017 | J ⁽¹⁾ | v | 199 ⁽¹⁾ | Α | \$20.757 | 6,747 | D | |

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) | | of | | 6. Date Exerci Expiration Dat (Month/Day/Ye | te | 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 Transaction(s) (Instr. 4) | 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 | | | | |
| Employee Stock Option (right to buy) | \$ 47.34 | 01/03/2017 | 01/03/2017 | A | | 45,225 | | 01/03/2018 ⁽²⁾ | 01/02/2024 | Common Stock | 45,225 | \$0 | 45,225 | D | |

Explanation of Responses:

1. Reporting 199 shares acquired under the Ionis Pharmaceuticals, Inc. Amended and Restated 2000 Employee Stock Purchase Plan on January 1, 2017. These199 shares may not be sold until July 2, 2017. 2. Grant of 1/3/2017 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 1/3/2018. Thereafter, the remaining shares subject to the option vest and become exercisable in 36 equal monthly installments, at the rate of 11,306 shares per year. Following this transaction, the option was exercisable as to 0 on 1/3/2017.

Remarks:

<u>/s/Elizabeth Hougen</u>

<u>01/04/2017</u> Date

** Signature of Reporting Person

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.