FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 1 | OWB APPROVAL             |           |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
|   | Estimated average burden |           |  |  |  |  |  |  |  |
|   | 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*  HOUGEN ELIZABETH L               |   |  |  |           |                   | 2. Issuer Name and Ticker or Trading Symbol  IONIS PHARMACEUTICALS INC [ IONS ] |        |   |      |  |   |  |   | of Reporting Persicable)<br>or<br>r (give title   |   | son(s) to Issuer  10% Owner  Other (specify                              |   |  |  |
|--|---|--|--|-----------|-------------------|---|--------|---|------|--|---|--|---|---|---|--|---|--|--|
| (Last) (First) (Middle) C/O IONIS PHARMACEUTICALS, INC. 2855 GAZELLE COURT |   |  |  |           |                   | 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2019                     |        |   |      |  |   |  |   | X Officer (give title Other (specify below) SVP Finance & CFO   |   |  |   |  |  |
| (Street) CARLSBAD CA 92010 (City) (State) (Zip)                            |   |  |  |           |                   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                        |        |   |      |  |   |  |   | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person |   |  |   |  |  |
|  |   | Та   | ble I - Non-   | -Derivati | ive S             | ecuritie  | es Acc | uired,  | Dis  | posed of   | f, or Ben   | eficiall                               | y Owned   |   |   |  |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D                   |   |  |  |           |                   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                     |        | 3.<br>Transaction<br>Code (Instr.<br>8)           |      | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4 |   |  | Beneficia<br>Owned F                                | s<br>Illy<br>ollowing   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |  |  |
|  |   |  |  |           |                   |   |        | Code  | v    | Amount   | (A) or<br>(D)   | Price                                  | Reported<br>Transacti<br>(Instr. 3 a                | on(s)   |   | "  | Instr. 4)   |  |  |
| Common Stock 01/15   |   |  |  |           |                   | /2019 01/15/2019  |        | M <sup>(1)</sup>                                  |      | 7,891(1  | A \$0   |  | 22,665  |   | D   |  |   |  |  |
| Common Stock 01/15/  |   |  |  |           | 5/2019 01/15/2    |   | /2019  | F <sup>(2)</sup>                                  |      | 2,842(2  | 2,842 <sup>(2)</sup> D S  |  | 6 19,   | 19,823  |   | D  |   |  |  |
|  |   |  | Table II - D   |           |                   |   |        |   |      | osed of,<br>convertib                                      |   |  | Owned   |   |   |  |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Dat<br>if any<br>(Month/Day/Yo | Code      | action<br>(Instr. | Derivative  |        | 6. Date Exerci<br>Expiration Dat<br>(Month/Day/Ye |      | te   | 7. Title and Amou<br>of Securities<br>Underlying<br>Derivative Securi<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transaction   | e<br>S<br>Illy  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial Ownership ect (Instr. 4)                 |  |  |
|  |   |  |  | Code      | v                 | (A)   | (D)    | Date<br>Exercisa                                  | able | Expiration<br>Date   | Title   | Amount<br>or<br>Number<br>of<br>Shares |   | (Instr. 4)  | ion(S)  |  |   |  |  |
| Restricted<br>Stock<br>Units   | (3)(4)  | 01/15/2019                                 | 01/15/2019   | ) A       |                   | 22,131  |        | (5)   |      | (5)  | Common<br>Stock   | 22,131                                 | \$0   | 22,13   | 1   | D  |   |  |  |
| Restricted<br>Stock  | (4)   | 01/15/2019                                 | 01/15/2019   | М         |                   |   | 7,891  | (5)   |      | (5)  | Common<br>Stock   | 7,891                                  | \$0   | 14,46   | 3   | D  |   |  |  |

### **Explanation of Responses:**

- $1. \ Acquired \ pursuant \ to \ vesting \ and \ release \ of \ shares \ pursuant \ to \ Restricted \ Stock \ Unit \ awards.$
- 2. Shares withheld to cover the required tax withholding obligations pursuant to the 2011 Equity Incentive Plan Restricted Stock Unit Agreement and Grant Notice.
- 3. Grant to reporting person of Restricted Stock Units under the Ionis Pharmaceuticals, Inc. 2011 Equity Incentive Plan.
- 4. Each Restricted Stock Unit represents a contingent right to receive one share of Ionis common stock, or its equivalent cash value.
- 5. Restricted Stock Units vest in four equal annual installments. Upon vesting, the restricted stock units will be paid out in whole shares of Ionis common stock or cash as may be determined by the Company.

### Remarks:

/s/Patrick R. O'Neil

\*\* Signature of Reporting Person Date

01/17/2019

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.