FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number: Estimated average burden hours per response: 3235-0104

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | OI OCCIOII O | o(ii) or the iii | ivestillerit Company Act of 1940 | | | | | |
|--|------------------------|----------|--|------------------------------|--------------------------------|--|---|--|--|---|--|--|
| D C 1 | | | | vent Requiring Year) 5 | Statement | 3. Issuer Name and Ticker or Trading Symbol ISIS PHARMACEUTICALS INC [ISIS] | | | | | | |
| (Last) C/O ISIS PHARMAC | (First) EUTICALS, INC. | (Middle) | | | | | nship of Reporting Person(s) to Issuer I applicable) Director | 10% Owner Other (specify below) ficer | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | |
| 2855 GAZELLE COURT | | | | | | X | Officer (give title below) Chief Business Officer | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | |
| (Street) CARLSBAD | CA | 92010 | | | | | | | | Form filed by More than One Reporting Person | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | 2. Amount o (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| No Securities Owned | | | | | | 0 | D | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month)DaylYear) | | | | | (Instr. 4) Exercise of Derivat | | 4. Conversion Exercise Price of Derivative | 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | | | | Date Exercisable | Expiration Date | Title | | Amount or Number of Shares | Security | | | |

Explanation of Responses:

Remarks:

/s/Sarah Boyce
** Signature of Reporting Person

01/05/2015

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 5 (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.

Know all by these presents, that the undersigned hereby constitutes and appoints each of Stanley T. Crooke and B. Lynne Parshall, signing individually, the undersign (1) execute for and on behalf of the undersigned, an officer, director or holder of 10% or more of a registered class of securities of Isis Pharmaceuticals, Inc. (Is (2) do and perform any and all acts for and on behalf of the undersigned that may be necessary or desirable to complete and execute such Form 3, 4 or 5, complete and (3) take any other action of any nature whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit, in the best in The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, (1) This Power of Attorney shall remain in full force and effect until the earliest to occur of (a) the undersigned is no longer required to file Forms 3, 4 and 5 with 1

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 5th day of January, 2015.

/S/Sarah Boyce