SEC For	m 4																
	UNITED) STAT	ES S	ECU	SION	SION OMB APPROVAL											
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed					pursuar	nt to Secti	on 16	(a) of the Secu	urities	OMB Number: 3235-0 Estimated average burden hours per response:				3235-0287 n 0.5			
								icker or Trading IACEUTI] (Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (M 2855 GAZELLE COURT			(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/01/2022								Officer (below)	give title	ve title Other (s below)		specify
(Street) CARLSBAD CA (City) (State)			92010 (Zip)		Line) X F							Form fil	al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Ta	able I - Nor	-Deriva	tive S	ecuriti	es A	cquired, D	ispo	sed of,	, or Ben	eficially	Owned				
Date				2. Transac Date (Month/Da		2A. Deer Execution if any (Month/I	on Da	Code (Ins	ion D			(A) or 3, 4 and 5)	4 and 5) Securities Beneficia Owned Fo		s Form Ily (D)o		7. Nature of Indirect Beneficial Ownership
								Code V	/ A	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar				(Instr. 4)
								quired, Dis ts, options					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Code	4. Transaction Code (Instr. 8)		oer ive es ed ed nstr. I 5)	6. Date Exerci Expiration Da (Month/Day/Ye	e		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownershij (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expi Date	iration	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	0/2032 ⁽¹⁾	Common Stock	12,000	\$0.0	12,00	00	D	
Restricted Stock Unit	\$0.0 ⁽²⁾	07/01/2022		Α		5,333		(3)		(3)	Common Stock	5,333	\$0.0	15,10)8	D	

Explanation of Responses:

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 shares on July 1, 2022.

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-							
in-fact For: Spencer R.							

Berthelsen

07/05/2022

** 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.