SEC Form 4	
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## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	
	Estimated average t	
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	

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*							2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer						
YANG MICHAEL J.							IONIS PHARMACEUTICALS INC [ IONS ]								licable) ctor	0	10% C	Owner			
(Last) 2855 GA	ZELLE	(First)	3. Date 01/15/	of Earliest Transa 2024	Day/Year)			Officer (give title below)		Other below)	(specify ')										
							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	BAD	СА		92010										K Form	,		eporting Pers				
						-								Forn Pers		/lore th	an One Rep	orting			
(City)		(State)		(Zip)		Rule 10b5-1(c) Transaction Indication															
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												led to									
			Tab	ole I - Noi	n-Deriv	ative S	ecurities Acc	quired,	Dis	oosed o	of, or	Ben	eficial	y Own	əd						
1. Title of Security (Instr. 3) 2. Transa Date (Month/E					saction /Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	Transaction Dis Code (Instr. 5)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Secur Benef Owne	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownershi				
							Code	v	Amount	Amount (A) or P		Price	Trans	<ul> <li>Reported Transaction(s) (Instr. 3 and 4)</li> </ul>			(Instr. 4)				
1 Title of	2	3 Tran			(e.g., p		curities Acqu Is, warrants,	optior	ıs, c	onvertil	ble s	secur	-	Owned		7	10	11 Notu			

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 Expiration Date Derivative (Month/Day/Year) Securities Acquired			7. Title and Amount o Securities Underlying Derivative (Instr. 3 ar	f g Security	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				
Restricted Stock Unit	<b>\$0.0</b> <sup>(1)</sup>	01/15/2024		Α		5,791		(2)	(2)	Common Stock	5,791	\$0.0	5,791	D	

## Explanation of Responses:

1. Each Restricted Stock Unit represents a contingent right to receive one share of Ionis common stock, or its equivalent cash value.

2. Grant on January 15, 2024 to reporting person of Restricted Stock Unit Award under the Ionis Pharmaceuticals, Inc. Amended and Restated 2002 Non-Employee Directors' Stock Option Plan. Restricted Stock Units vest in three equal annual installments, the first installment vesting on January 15, 2025. 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. The RSU shall be fully vested on January 15, 2027. The RSU is vested as to 0 shares on January 15, 2024.

By: Patrick R. O'Neil, attorney-01/17/2024

in-fact For: Michael J. Yang

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).