Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington.	D.C. 20549)

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Monia Brett P						2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					10	TOTALS THANNIAGEO FIGALS INC [IONS]									X Direct		or :		10% O	wner	
(Last) (First) (Middle)					3. D	Date of Earliest Transaction (Month/Day/Year)									X Office below		er (give title w)		Other (below)	specify	
C/O IONIS PHARMACEUTICALS, INC.						11/20/2019										COO & SVP, Translational Med					
2855 GAZELLE COURT																					
				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)			2010											Lir	ne) X	Form	filed by One	Renorti	na Perso	ın	
CARLSBAD CA 92010														71	Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(C+	oto) (7	7in\													Perso					
(City)	(Sta	ale) (z	Zip)																		
		Tab	e I - No	n-Deriv	/ative	Sec	uritie	s Acc	quired	l, Dis	sposed o	f, or	Ben	eficia	lly (Owne	d				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)						Execution Date		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			(A) or 3, 4 and	and 5) Securi Benefi Owned		cially Following	6. Owner Form: D (D) or Ir (I) (Insti	irect direct	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount (A) or (D) Price		Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 11/2				11/20/	20/2019 1		1/20/2019		S ⁽¹⁾		5,776(1)		D	\$60.01(2)		16,458		Ι)		
	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. Deen Execution if any (Month/D	Date, Transac Code (Ir			of Deriva Secur Acqui (A) or Dispo of (D) (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerction Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Instrant 4)		;	Der Sec	ivative curity ctr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: ct (D) ndirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	OI N Of	umber							

Explanation of Responses:

- $1. The sale of shares owned was made pursuant to a 10b5-1\ Trading\ Plan\ adopted\ by\ the\ reporting\ person\ on\ 10/7/2019.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$60.00 to \$60.01, inclusive. The reporting person undertakes to provide to Inis Pharmaceuticals, Inc., any security holder of Ionis Pharmaceuticals, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) on this Form 4.

Remarks:

/s/Patrick R. O'Neil, attorney-

** Signature of Reporting Person

in-fact

11/21/2019

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.