FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CH	ANGES IN BENE	FICIAL OWNERSHIP
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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

1. Name and Address of Reporting Person*  MUTO FREDERICK T  (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC  ]  3. Date of Earliest Transaction (Month/Day/Year)									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner Officer (give title below)					
2855 GA	ZELLE CO	OURT			07/	07/15/2022													
	CARLSBAD CA 92010				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(S	·	(Zip)	n-Dariy	ative		curiti	ios Ac	auired	Die	nosed (	of or F	enefic	·iall	v Owner	4			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar) if	2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		or 5. Amount Securities Beneficial Owned Fo		nt of es ally Following	Form:	Direct Indirect It. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A)	or Pri	ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock				07/15/2022		2			M <sup>(1)</sup>		5,333	(1)	A \$	0.0	56	5,932		D	
Common Stock				07/15	07/15/2022				M <sup>(2)</sup>		2,665	(2)	1 \$	0.0	59,597		D		
Common Stock														1,500		I		By Cooley Pen Plan	
		Т	able II -						uired, D , optior						Owned				
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	Date,	4. Transactio Code (Inst		n of l		6. Date Exercisal Expiration Date (Month/Day/Year		Amount of		of es ing ve Secur		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s II	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amou or Numi of Share	oer					
Restricted Stock Unit	\$0.0 <sup>(3)</sup>	07/15/2022			M			5,333	(4)		(4)	Commo Stock	5,33	33	\$0.0	9,775	T	D	
Restricted Stock Unit	\$0.0 <sup>(3)</sup>	07/15/2022			M			2,665	(5)		(5)	Commo Stock	2,66	55	\$0.0	7,110	,	D	

## **Explanation of Responses:**

- 1. Acquired pursuant to vesting and release of shares in accordance with a Restricted Stock Unit award.
- 2. Acquired pursuant to vesting and release of shares in accordance with Restricted Stock Unit awards.
- 3. Each Restricted Stock Unit represents a contingent right to receive one share of Ionis common stock, or its equivalent cash value.
- 4. 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 are delivered to the reporting person on the July 15th following the vesting date. Upon vesting, the Restricted Stock Units will be paid in whole shares of Ionis common stock or cash as may be determined by the Company.
- 5. Restricted Stock Units vest in four equal annual installments and are delivered to the reporting person on the July 15th following the vesting date. Upon vesting, the Restricted Stock Units will be paid in whole shares of Ionis common stock or cash as may be determined by the Company.

By: Patrick R. O'Neil, attorney-07/18/2022 in-fact For: Frederick T. Muto

\*\* 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.