FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

1	OMB APPROVAL								
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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)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>HERMAN JOAN E</u>					2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC I IONS							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
												X Directo	r	10% O	wner	
(Last)	(Fi	rst)	(Middle)	_ [,								Officer below)	(give title	Other ( below)	specify	
C/O IONIS PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/10/2019											
2855 GAZELLE COURT					4. If Amendment, Date of Original Filed (Month/Day/Year)						6.1	6. Individual or Joint/Group Filing (Check Applicable				
(Street)				_   "	T. II / III of (Month Day) Teal)						Line	Line)				
CARLSBAD CA		A	92010		X Form filed by One Report Form filed by More than C Person											
(City)	(St	ate)	(Zip)									reisui	l			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date					ear)   i	2A. Deemed Execution Date, if any (Month/Day/Year		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				Beneficia Owned F	es Formally (D) (I) (I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code V	Amount	(A) o (D)	Price	Reported Transact (Instr. 3	ion(s)		(Instr. 4)	
	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)  3. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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 Units	(1)	06/10/2019	06/10/2019	A		14,221		(2)	(2)	Common Stock	14,221	\$0	14,221	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 of June 10, 2019 to reporting person of Restricted Stock Unit Award under the Amended and Restated Ionis Pharmaceuticals, Inc. 2002 Non-Employee Directors' Stock Option Plan. Restricted Stock Units vest in four equal annual installments, the first installment vesting on June 10, 2020. 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 June 10, 2023. The RSU is vested as to 0 shares on June 10, 2019.

## Remarks:

/s/Patrick R. O'Neil, attorney-06/12/2019 in-fact

\*\* 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.