FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DС	20549

STATEMENT	OF CHANGES IN	I BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-02									
Estimated average burden									
hours per response:	0.5								

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

1. Name and Address of Reporting Person* Monia Brett P					2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS]									k all applica	ionship of Reporting F all applicable) Director		n(s) to Issue		
(Last) 2855 GAZ	(Fir: CELLE COU	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/15/2023							X	below)		Other (sp below) cutive Officer		pecify		
(Street) CARLSBA	AD CA		22010 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line)	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person							
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Da			2. Transa Date (Month/I	action 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) (Disposed Of (D) (Instr. 3, 4)			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of ndirect Beneficial Ownership						
							Code	v	Amount	(A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				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)	erivative Conversion Date Execution Date ecurity or Exercise (Month/Day/Year) if any		ate, T	ransact		n Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amor of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				c	ode V	1	(A)	(D)	Date Exercisal	ble	Expiration Date	Title	or Nun	ount nber hares		(Instr. 4)			
Performance Restricted Stock Units ⁽¹⁾	\$0.0	01/15/2023			A		146,128		(2)		(2)	Commor Stock	146	5,128	\$0.0	316,70	01	D	
Restricted Stock Unit ⁽³⁾	\$0.0 ⁽⁴⁾	01/15/2023			A		89,005		(5)		(5)	Commor Stock	89	,005	\$0.0	234,12	28	D	

Explanation of Responses:

- 1. Grant to reporting person of Performance Restricted Stock Units under the Ionis Pharmaceuticals, Inc. Amended and Restated 2011 Equity Incentive Plan.
- 2. Represents an award of performance based restricted stock units ("PRSUs"). The PRSUs may vest at the end of the three-year performance period following the date of grant based on the Issuer's relative total shareholder return as compared to a peer group of companies. The number of PRSUs reported represents the maximum that may be earned, which is 200% of the target number. No number of PRSUs is guaranteed to vest and the actual number of PRSUs that will vest at the end of the performance period may be anywhere from zero to the amount stated.
- 3. Grant to reporting person of Restricted Stock Units under the Ionis Pharmaceuticals, Inc. Amended and Restated 2011 Equity Incentive Plan.
- 4. Each Restricted Stock Unit represents a contingent right to receive one share of Ionis common stock, or its equivalent cash value.
- 5. Restricted Stock Units vest in four equal annual installments. 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.

By: Patrick R. O'Neil, attorney-01/18/2023 in-fact For: Brett P. Monia

** Signature of Reporting Person

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.