FORM 4

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

Washington, D.C. 20549

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OMB APPI	ROVAL								
OMB Number:	3235-0287								
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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*  Wedel Mark K						2. Issuer Name and Ticker or Trading Symbol ISIS PHARMACEUTICALS INC [ ISIS ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
weder	IVIdIK IX															Director			10% Ov	-	
	3.	3. Date of Earliest Transaction (Month/Day/Year)										Officer below)			Other (s below)	specify					
(Last) (First) (Middle)						05/25/2005										VP 8	& Chief M	1edic	al Officer		
1896 RU	THERFOR	RD ROAD																			
(Street)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
CARLSI	BAD C	A	92008												X	Form fi	led by One	Repo	rting Perso	n	
					-										Form filed by More than One Reporting Person					rting	
(City)	(S	itate)	(Zip)													reison					
		Tal	ble I - Non	n-Deri	ivativ	e Se	curitie	s Ac	auire	d. Di	sno	sed of	f. or Ber	nefici	allv	Owned					
1 Tido of	Caarreiter (Ima		1101			_			3.	<u>.,</u>	÷					1		· · · ·	auahin	7. Nature of	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					ear)	2A. Deemed Execution Date, if any (Month/Day/Yea		e, Transaction D Code (Instr. 5			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect Beneficial Ownership		
							(		, <del>  ,</del>		+	(A) or				Reported Transaction(s)		(,, (		(Instr. 4)	
									Cod	le V	Aı	mount	(A) or (D) Pr		e	(Instr. 3 a	and 4)				
			Table II - I	Deriv	ative	Sec	urities	Aca	uired	Dist	nose	ed of.	or Bene	eficial	llv C	wned					
			(	(e.g.,	puts,	, call	ls, warr	ants	, opti	ons,	con	vertib	le secu	rities	)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month	ion Dat	te	r) Title and Ar of Securities Underlying Derivative Sec (Instr. 3 and 4		ies g Securi	!	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	ly	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercis	able	Expiration	Amou or Numb of Share	er								
Common Stock	\$3.94	05/25/2005	05/25/200	05	A	V	10,000		05/25/2	009 <sup>(1)</sup>	05/2	24/2012	Common Stock	10,0	00	\$0	10,000	)	D		

## **Explanation of Responses:**

1. Grant of 5-25-05 to reporting person of stock options under the Isis Pharmaceuticals, Inc. 1989 Stock Option Plan. 25% of the shares subject to the option will vest and become exercisable on 5-25-06. Thereafter, the remaining shares subject to the option vest and become exercisable in 36 equal monthly installments, at the rate of 2,500 shares per year. The option is exercisable as to 0 shares on 5-25-05.

## Remarks:

/s/Mark K. Wedel

05/25/2005

\*\* 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.