Instruction 1(b).

FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

TATEMENT	OF CH/	ANGES IN	BENEFICIAL	<b>OWNERSHIP</b>

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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>WENDER JOSEPH H</u>						2. Issuer Name and Ticker or Trading Symbol ISIS PHARMACEUTICALS INC [ ISIS ]								neck a	nship o Il applic Directo	able)	g Person(s) to Is: 10% O			
(Last) (First) (Middle) C/O ISIS PHARMACEUTICALS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 03/05/2015									Officer below)	(give title		Other (s below)	pecify			
2855 GAZELLE COURT  (Street)  CARLSBAD CA 92010				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting						
(City)			(Zip)												Person		e tran (	Опе керог	ung	
		Tab	le I - I	Non-Deri	ivativ	e Sec	urit	ies A	cquire	ed, D	isposed o	f, or Be	eneficial	ly O	wned					
Date			2. Transac Date (Month/Da		Exec Year) if any		. Deemed ecution Date, any onth/Day/Year)		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)			
Common Stock			03/05/2	015 03		3/05/2015		<b>M</b> <sup>(1)</sup>		12,500(1)	A	\$9.77	42		2,717		D			
Common	Stock			03/05/2	2015	03/	05/2	015	S <sup>(1)</sup>		12,500(1)	D	\$71.6139	<b>)</b> (2)	30,217		D			
Common Stock														30,217			I ,	By Joseph H Wender Trust		
		-	Table								posed of, , convertil			Ow	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ercise (Month/Day/Year) of ative				ction Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares							
Director Stock Option (right to	\$9.77	03/05/2015	03/0	05/2015	M			12,500	07/02	2/2011	07/01/2017	Commor Stock	12,500		\$0	0		D		

## **Explanation of Responses:**

- 1. Acquired as a result of exercising a stock option.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$71.47 to \$71.785, inclusive. The reporting person undertakes to provide to Isis Pharmaceuticals, Inc., any security holder of Isis 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/B. Lynne Parshall, attorney-

03/09/2015

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.