FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average hurden | | | | | | | | | |

0.5

hours per response:

| Check this box if no longer subject | t |
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| 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

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|---|--|--|--|-----------|--------|---|----------|-----------|------------------|-------------------------------------|----------|--|---|---------------|----------------|---|------------------------------------|--|---|---|---|--|
| 1. Name and Address of Reporting Person* KLEIN JOSEPH III | | | | | | 2. Issuer Name and Ticker or Trading Symbol ISIS PHARMACEUTICALS INC [ISIS] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | | | | | | | | | | | | X | Direc | ctor | | 10% C | wner | |
| (Last) (First) (Middle) C/O ISIS PHARMACEUTICALS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/17/2006 | | | | | | | | | | | Officer (give title below) | | | Other (below) | (specify | |
| 1896 RUTHERFORD ROAD | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) CARLSBAD CA 92008 | | | | | | | | | | | | | | | ine) X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | (State) (Zip) | | | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curiti | es Ac | qui | ired, D | isp | osed o | f, or | Ben | efici | ally O | wne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , T | Transaction Dis | | Disposed | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | nd S B C | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Code V | | Amount | | (A) or (D) | Price | , т | Transaction(s) (Instr. 3 and 4) | | | | (111501.4) | |
| Common Stock 01/17/ | | | | | 7/2006 | 2006 01/17/2006 | | | P ⁽¹⁾ | | 2,000(1 | 1) A | | \$5. | .46 6, | | 6,000 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | | 100 | | | I | By Son | | |
| | | Та | | | | | | | | | | sed of, o | | | | y Owi | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | | | Date Exei piration I onth/Day | ate | • | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | ount | 8. Pric Deriva Securi (Instr. | ivative curity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Omership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exe | te ercisable | | Expiration Date | Title | of | nber ıres | | | | | | ı | |

Explanation of Responses:

1. The purchase reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on 12-13-05.

Remarks:

/s/B. Lynne Parshall, Attorneyin-Fact 01/18/2006

** 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.