Check this box Section 16. For obligations may

Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	C. 20549	
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if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
m 4 or Form 5	
continue. See	

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

Name and Address of Reporting Person* CROOKE STANLEY T														5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
	(Last) (First) (Middle) C/O IONIS PHARMACEUTICALS, INC. 2855 GAZELLE COURT					3. Date of Earliest Transaction (Month/Day/Year) 01/10/2017									Officer (give title below) Chairman and CEO			pecify	
(Street) CARLSI (City)			92010 (Zip)		4.1	f Ame	endme	nt, Date (of Origin	al File	ed (Month/Da		6. Individual or Joint/Group Filing (Check Applica Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Deri 1. Title of Security (Instr. 3) 2. Trans. Date (Month/It				action	2A Ex	2A. Deemed Execution Date,		3. 4. Secur			of, or Be s Acquired of (D) (Instr.	(A) or	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
				`	(Code V		Amount	(A) or (D)	Price	Reporte Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common	Stock			01/10	/2017		01/10	/2017	M ⁽¹⁾		12,000(1) A	\$7.2	5 37	,029		D		
Common	mmon Stock			01/10/2017			01/10/2017		S ⁽¹⁾		12,000(1) D	\$49.2	5 ⁽²⁾ 25	,029	D			
Common Stock			01/10/2017			01/10/2017		M ⁽³⁾		1,200(3)	A	\$10.2	29 3,	370		I	By wife		
Common	Stock			01/10	/2017	(01/10	/2017	S ⁽³⁾		1,200(3)	D	\$49.2	19.25 ⁽²⁾ 2,170		70		By wife	
Common	Stock													72	725,391 I		By trust		
		-	Table II								posed of, convertil			y Owned					
1. Title of Derivative Security (Instr. 3)	Conversion Date Ex or Exercise (Month/Day/Year) if a		Executio if any	A. Deemed 4 xecution Date, T		ction Instr.	5. Number on of		6. Date Exerci Expiration Da (Month/Day/Yo		isable and	7. Title an of Securit Underlyin Derivative (Instr. 3 ar	d Amounies g Security	Derivative Security	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$7.25	01/10/2017	01/10	/2017	М			12,000	01/03/2	016	01/02/2019	Common Stock	12,000	\$0	64,46	2	D		
Employee Stock Option (right to	\$10.29	01/10/2017	01/10.	/2017	М			1,200	01/03/2	015	01/02/2018	Common Stock	1,200	\$0	2,600)	I	By wife	

Explanation of Responses:

- 1. Acquired as a result of exercising a stock option pursuant to Rule 10b5-1 Trading Plan. The purchase and sale reported on this Form 4 was effective pursuant to Rule 10b5-1 Trading Plan adopted by the reporting person on 9/21/2015.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$49.12 to \$49.38, inclusive. The reporting person undertakes to provide to Ionis Pharmaceuticals, Inc., any security holder of Ionis 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.
- 3. Acquired as a result of exercising a stock option pursuant to Rule 10b5-1 Trading Plan. The purchase and sale reported on this Form 4 was effective pursuant to Rule 10b5-1 Trading Plan adopted by the reporting person's wife on 9/21/2015.

Remarks:

Lynne Parshall, attorney-

01/12/2017

** 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.