FORM 4

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVAL
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П	027	•••								
	OMB Number:	3235-0287								
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

Name and Address of Reporting Person*     O'NEIL PATRICK R.						2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [ IONS										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
O'NEIL PAIRICK R.														Directo			10% Ov	·			
(Last)	(F	irst)	(Middle)		- [								)	Officer below)	(give title		Other (s below)	pecify			
` '	`	,	` ,					est Tran	nsacti	on (Mor	nth/D	Day/Year)		SVP, Legal & General Counsel							
C/O ION	115 PHARIV	1ACEUTICALS	, INC.		04/	/06/2	016														
2855 GAZELLE COURT								nt Doto	of O:	riainal C	امدا	/Manth/Da	C In	6 Individual or Jaint/Croup Filing (Chook Applicable							
(Stroot)			-   4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)										. Individual or Joint/Group Filing (Check Applicable ine)							
(Street)	DAD C	۸	02010												3	Form fi	led by One	Repo	rting Persor	n	
CARLSBAD CA 92010														Form filed by More than One Rep				ting			
(City)	(S	tate)	(Zip)													Person					
		Tab	le I - No	n-Deriv	vativ	e Se	curit	ies Ad	cqui	ired, C	Dis	osed o	f, or B	enef	iciall	y Owned					
Date					saction /Day/Ye	ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		•,   7	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securitie Benefici		es	Form (D) o	n: Direct r Indirect	7. Nature of Indirect Beneficial Ownership	
				, ,		,	Code	v	Amount	(A) (D)	or P	rice	Reported Transact (Instr. 3	ion(s)			(Instr. 4)				
Common Stock 04/06/					6/201	2016 04/06/2016		5	M <sup>(1)</sup>		1,000(1	1) A	. 4	\$10.82	2 10,124			D			
Common Stock 04				04/00	6/2016		04/06/2016		5	S <sup>(1)</sup>		1,000(1	1) <u>C</u>		\$45	9,124		D			
		-	Гаble II -									osed of, onvertil				Owned					
	1		1		puis,	Call	Ť								es)					1	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code ( 8)	ction of Der See Acc (A) Dis of (Instr.		of Ex		ate Exerciration D	ate	ble and 7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and		of es ing /e Sec		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	e rcisable		Expiration Date	Title	or Nu of	nount mber ares						
Employee Stock Option (right to	\$10.82	04/06/2016	04/06/2	016	М			1,000	01/0	2/2014 <sup>(2</sup>	2) 0	01/01/2020	Commo Stock	1,	000	\$0	5,101		D		

## **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. Grant of 1/2/2013 to reporting person of stock options under the Ionis Pharmacueticals, Inc. 1989 Stock Option Plan. 25% of the shares subject to the option vested and became exercisable on 1/2/2014. Thereafter, the remaining shares subject to the option vest and become exercisable in 36 equal monthly installments, at the rate of 3,925 shares per year. Following this transaction, the option was exercisable as to 2,157 on 4/6/2016.

## Remarks:

/s/B. Lynne Parshall, attorneyin-fact

04/07/2016

\*\* 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.