FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 Instruction 1(b).

					or Sec	:tion 30(n)	or the r	nvesimer	it Con	ipany Act	01 19	940						
Name and Address of Reporting Person* KLEIN JOSEPH III				2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
KLEIN	JUSEPH_	<u> 1111</u>											1	X Dir	ector		10% O	wner
(Last)	(Fir	st) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/25/2019								1		Officer (give title below)		Other (specify below)	
C/O IONI	S PHARM	ACEUTICALS,	INC.		11/25/	2013												
2855 GAZ	ZELLE CO	URT			4. If An	nendment,	Date of	Original	Filed	(Month/Day	y/Yea	ar)			or Joint/Group	Filing (Check Ap	plicable
Street)													Lir	ne)	file of less Oc		i D	_
CARLSB	AD CA	<u>.</u> 9	2010											Fo	rm filed by One rm filed by Mo		Ü	
														Pe	rson			
(City)	(Sta	ate) (2	Zip)															
		Tab	le I - Nor	n-Deriv	ative S	ecuritie	s Acc	quired,	Disp	osed o	f, o	r Ben	eficia	lly Owi	ied			
Title of Security (Instr. 3) 2. Transa Date (Month/D				action Day/Year)	Executio if any	2A. Deemed Execution Date, if any (Month/Day/Year)				ties Acquired (A) I Of (D) (Instr. 3,			d 5) Sec Ber Ow	5. Amount of Securities Beneficially Owned Following Reported		ership Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount		(A) or (D)	Price	Trai	saction(s) r. 3 and 4)			(Instr. 4)
Common Stock 11/25					/2019	11/25	/2019	S ⁽¹⁾		812 ⁽¹⁾ D \$		\$62.	9(2)	12,683		D		
Common Stock														100		I	By son	
		Ta	able II - D							sed of, onvertib				Owne	t			
Title of Derivative Security Security Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year Month/Day/Year Month/Day/		3A. Deeme Execution if any (Month/Da	Date, Transaction Code (Instr.		on of tr. Deriv Secu Acqu (A) or Dispo of (D) (Instr	of I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price Derivativ Security (Instr. 5)	rative derivative rity Securities	Ov Fo Dii or (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
		1							- 1			I A						

Explanation of Responses:

- $1. The sale of shares owned was made pursuant to a 10b5-1\ Trading\ Plan\ adopted\ by\ the\ reporting\ person\ on\ 10/11/2019.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$61.91 to \$63.30, 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.

Exercisable

Remarks:

/s/Patrick R. O'Neil, attorney-

in-fact

Expiration

Title

** Signature of Reporting Person

Number

Shares

Date

11/26/2019

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.