FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-028							
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Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWI
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 193
	or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Schneider Eugene (Last) (First) (Middle) C/O IONIS PHARMACEUTICALS, INC. 2855 GAZELLE COURT						Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS] Date of Earliest Transaction (Month/Day/Year) 01/15/2021									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(Street) CARLSI (City)		itate)	92010 (Zip)	n-Deriv	-										ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Tr			2. Trans	2. Transaction		2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			or 5. Amour Securitie Beneficia Owned F		s Illy ollowing	Form (D) or	: Direct I r Indirect I str. 4) (7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Pric	ce	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock 01/				01/1	5/202	5/2021 01/		01/15/2021			7,503(1) A	1	\$0		9,621		D		
Common	ommon Stock 01/15			5/202	/2021 01/15/2		/2021	F ⁽²⁾		2,718(2	D \$61.2		51.28	6,903			D			
			Table II -								osed of, onvertib				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, 1	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	e 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 Exercisable		Expiration Date	Title	Amo or Num of Shar	nber		(Instr. 4)	on(s)			
Restricted Stock Units	(3)(4)	01/15/2021	01/15/202	21	A	15,753			(5)		(5)	Common Stock	15,7	753	\$0	15,75	3	D		
Restricted Stock Units	(4)	01/15/2021	01/15/202	21	М			7,503	(5)		(5)	Common Stock	7,5	503	\$0	15,25	6	D		

Explanation of Responses:

- 1. Acquired pursuant to vesting and release of shares in accordance with Restricted Stock Unit awards.
- 2. Shares withheld to cover the required tax withholding obligations pursuant to the Ionis Pharmaceuticals, Inc. Amended and Restated 2011 Equity Incentive Plan.
- 3. Grant to reporting person of Restricted Stock Units under the Ionis Pharmaceuticals, Inc. Amended and Restated 2011 Equity Incentive Plan.
- 4. Each Restricted Stock Unit represents a contingent right to receive one share of Ionis common stock, or its equivalent cash value.
- 5. Restricted Stock Units vest in four equal monthly installments. Upon vesting, the Restricted Stock Units will be paid out in whole shares of Ionis common stock or cash as may be determined by Ionis.

Remarks:

/s/Patrick R. O'Neil, attorneyin-fact

01/20/2021

** 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.