FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL										
	235-0287									
Estimated average burden										
hours per response:										

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

(Last) C/O ION 2855 GA (Street) CARLSE	(Fin ELIZ (Fin Spharm (ZELLE CT	AACEUTICALS	92010		3. t 11/	2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC] 3. Date of Earliest Transaction (Month/Day/Year) 11/25/2020 4. If Amendment, Date of Original Filed (Month/Day/Year)						NS	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) EVP, Finance & CFO 5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				action	ion 2A. Deemed Execution Date,			3. 4. Securities		es Acquired (A) or of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following		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 (Instr. 3	ction(s)			(Instr. 4)	
Common Stock 11/25/2				/2020	020 11/25/2020		М		21,680(1)) A	\$39	9.87	54	54,175		D			
Common Stock 11/25/20				/2020	1	1/25	/2020	S		21,680(2)	D	\$50	.05(3)	(3) 32,495			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) Execution Date, (Month/Day/Year) Fixed F				umber vative urities uired or oosed O) (Instr. and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)					8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numl of Share	oer					
Non- Qualified Stock Option (right to buy)	\$39.87	11/25/2020	11/25	/2020	M			21,680	01/02/2	2015	01/01/2021	Common Stock	0.0		\$0.0	0.0		D	

Explanation of Responses:

- 1. Acquired as a result of exercising a stock option that was scheduled to expire on 1/1/21. The purchase reported on this Form 4 was effected pursuant to a Rule 10b5-1 Trading Plan adopted by the reporting
- $2.\ Shares\ sold\ pursuant\ to\ a\ Rule\ 10b5-1\ Trading\ Plan\ adopted\ by\ the\ reporting\ person\ on\ October\ 2,\ 2020.$
- 3. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$49.85 to \$50.25, 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 (3) of this Form 4.

Remarks:

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

11/30/2020

in-fact

** 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.