FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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

1. Name and A	2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
KLEIN J										Oirector	r		10% Ov	vner				
(Last) C/O IONIS	Last) (First) (Middle) C/O IONIS PHARMACEUTICALS, INC.							3. Date of Earliest Transaction (Month/Day/Year) 12/15/2017								Other (sp below)		specify
2855 GAZI	ELLE COU	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) CARLSBAD CA 92010													_ I	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State	e) (Zi	p)															
		Table	e I - No	n-Deriv	ative	Secu	ritie	s Acc	quired	l, Dis	sposed of	, or Ber	neficiall	y Owned				
Diameter description of					2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
Common St	ock	2017 12/15/201		2017	M ⁽¹⁾		3,000(1)	A	\$28.47	12,	,939		D					
Common St	2017	017 12/15/2017		S ⁽¹⁾		3,000(1)	D	\$51.69	²⁾ 9,9	939		D						
Common St	ock							,			1	00		I	By son			
		Та	ble II -					•			osed of, convertib		-	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		if any	emed ion Date, /Day/Year)	Date, Transa Code (I				6. Date Expirat (Month	tion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Ow s For ally Dire or I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares					
NonEmployee Director stock	\$28.47	12/15/2017	12/1	15/2017	М			3,000	07/01/	2017	06/30/2023	Common Stock	3,000	\$0	3,000	000	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 10/11/2017.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$51.135 to \$52.060, 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.

Remarks:

/s/B. Lynne Parshall, attorney-

12/18/2017

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.