UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

OMB Number:	3235-0287					
Estimated average burden						
nours per response:	0.5					

Instructio	on 1(b).			Fil							es Exchange npany Act of		34					
1. Name and Address of Reporting Person* Geary Richard S						2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) 2855 GAZ	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/15/2022							>	below)	give title	elopn	Other (s below) nent Office	
(Street) CARLSBA (City)	AD CA (Sta		02010 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. In Line) 2					
		Tab	le I - Nor	n-Deriv	vativ	e Se	curities	Acq	uired,	Dis	posed of,	, or Ben	eficially	Owned				
Date					Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amoun Securities Beneficial Owned Fo Reported	s Form Ily (D) or ollowing (I) (In		Direct I Indirect E str. 4) C	7. Nature of ndirect Beneficial Dwnership		
								Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and	ion(s)			Instr. 4)	
		-									osed of, o onvertibl			Owned	`			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion Date Execution Date, Transaction Derivative or Exercise Price of Derivative (Month/Day/Year) Securities Derivative (Month/Day/Year) Securities (Month/Day/Year) Securities		e (A) ed str.	Expiration Date of Securities (Month/Day/Year) Underlying Derivative Se (Instr. 3 and 4				ies g Security	8. Price of Derivative Security (Instr. 5)			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		(Instr. 4)	on(s)		
Performance Restricted Stock Units ⁽¹⁾	\$0.0	01/15/2022	01/15/20)22	Α		11,463 ⁽²⁾		(2)		(2)	Common Stock	11,463	\$0.0	11,46	3	D	
Restricted Stock Unit ⁽³⁾	\$0.0 ⁽⁴⁾	01/15/2022	01/15/20)22	A		15,284		(5))	(5)	Common Stock	15,284	\$0.0	72,24	4	D	

Explanation of Responses:

1. Grant to reporting person of Performance Restricted Stock Units under the Ionis Pharmaceuticals, Inc. Amended and Restated 2011 Equity Incentive Plan.

2. Represents an award of performance based restricted stock units ("PRSUs"). One-third of the PRSUs may vest at the end of three separate performance periods spread over the three years following the date of grant based on the Issue visit and the actual number of PRSUs that will vest at the end of each performance period may be anneed, which is 150% of the target number. No number of PRSUs is guaranteed to vest and the actual number of PRSUs that will vest at the end of each performance period may be anywhere from zero to the amount stated.

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 annual 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.

By: Patrick R. O'Neil, attorney-	01/10/2022
<u>in-fact For: Richard S. Geary</u>	01/19/2022

** 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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

FORM 4