FORM 4

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									
hours per response:	0.5								

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 Address of Reporting Person* ECKER DAVID J						2. Issuer Name and Ticker or Trading Symbol ISIS PHARMACEUTICALS INC [ISIS]								Relationship of Reporting Person(s) to Issuer (Check all applicable) 1004 Communications					
ECKLIK DAVID J														Directo	r (give title		10% Ov Other (s		
(Loot)	(5	irot)	(Middle)		3	3. Date of Earliest Transaction (Month/Day/Year)								below)	(give title		below)	ыреспу 	
(Last) (First) (Middle) C/O ISIS PHARMACEUTICALS, INC.							01/03/2006								Vice President				
1896 RU	THERFOR	4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable								
(Street)							and the state of original rived (months but) real)							Line)					
CARLSBAD CA 92008											2	X Form filed by One Reporting Person							
			_,									Form fi Person		e than	One Repor	rting			
(City) (State) (Zip)																			
		Tal	ble I - No	n-Deri	ivativ	e Se	curitie	s Ac	quired,	Dis	posed o	f, or Ber	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transact												ies Acquired (A) or						7. Nature of Indirect	
Date (Month/					/Day/Ye	ear) i	Execution Date, if any (Month/Day/Year)		Code (Instr.		Disposed	osed Of (D) (Instr. 3, 4 and		Beneficia	ally (D) (sollowing (I) (I		or Indirect nstr. 4)	Beneficial Ownership (Instr. 4)	
														- Reported					
									Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3					
Common Stock 01/01/2						2006 01/01/2006		J		1,889(1) A	\$3.357	5 42,	,859		I	By Trust		
			Table II -	Deriv	ative	Sec	urities	Aca	uired, C	Disp	osed of,	or Bene	ficially	Owned					
				(e.g.,	puts,	, call	s, warr	ants	, optio	ns, d	convertik	ole secu	rities) ์						
1. Title of	2.	3. Transaction	3A. Deemed		4.				6. Date Exercisable and			7. Title an		8. Price of	9. Number of		10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)				Expiration Date (Month/Day/Year)			of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
													Amount						
									Dete		Franciscation		Number						
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	of Shares						
Employee																			
Stock Option (right to buy)	\$5.25	01/03/2006	01/03/20	006	A		36,098		01/03/200	7 ⁽²⁾	01/02/2013	Common Stock	36,098	\$0	36,09	8	D		

Explanation of Responses:

- 1. Reporting 1889 shares acquired under the Isis Pharmaceuticals, Inc. 2000 Employee Stock Purchase Plan on January 1, 2006.
- 2. Grant of 1-3-06 to reporting person of stock options under the Isis Pharmaceuticals, Inc. 1989 Stock Option Plan. 25% of the shares subject to the option will vest and become exercisable on 1-3-07. Thereafter, the remaining shares subject to the option vest and become exercisable in 36 equal monthly installments, at the rate of 9,025 shares per year. The option is exercisable as to 0 shares on 1-3-06.

Remarks:

/s/B. Lynne Parshall, Attorneyin-Fact

01/04/2006

** 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.