FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL							
	OMB Number:	3235-0287							
	Estimated average burden								
	hours per response:	0.5							

5. Relationship of Reporting Person(s) to Issuer

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

1. Name and Address of Reporting Person*

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name **and** Ticker or Trading Symbol

HOUGEN ELIZABETH L							IONIS PHARMACEUTICALS INC IONS										or (give title		10% Ow Other (s below)		
	F S PHARN ZELLE CO			of Earli 2019	iest Tra	nsac	tion (Mo	nth/[Day/Year)		,	below) below) SVP, Finance & CFO									
(Street) CARLSI (City)			92010 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)										Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transa Date (Month/E					saction	Execution Date,				3. 4. Securit			of, or Beneficially ties Acquired (A) or I Of (D) (Instr. 3, 4 and			5. Amou Securiti Benefici Owned	unt of 6. 0 ies For (D) Following (I) (: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Ī	Code	v	Amount	[(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common	Stock	12/2	0/201	9	12/20/2019		9	M ⁽¹⁾		7,196	1)	Α	\$10.8	2 27	27,251		D				
Common	Stock	0/201	/2019		12/20/2019		F ⁽²⁾		4,215	2)	D	\$61.5	2 23	23,036		D					
Common	Stock	0/201	9	12/20/2019		9	M ⁽¹⁾		3,438	1)	Α	\$10.8	2 26	6,474		D					
Common	mmon Stock				12/20/2019		12/20/2019		9	F ⁽²⁾		2,014	2)	D	\$61.5	2 24	24,460		D		
		-	Гable II -									osed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transactio Code (Inst 8)		5. Number n of		6. E	6. Date Exercis Expiration Dat (Month/Day/Ye		ble and	7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e (s I ally I g (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)		Dat Exe	te ercisable		Expiration Date	Title	O N	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$10.82	12/20/2019	12/20/2	2019 M				7,196	01/	/02/2017 ⁽³	3) (01/01/2020	Com Sto	mon ock	7,196	\$0	0		D		
Employee											Т										

Explanation of Responses:

\$10.82

1. Acquired as a result of exercising a stock option in accordance with the Amendment to Outstanding Options Agreement dated November 9, 2015 between the reporting person and issuer ("Agreement"). The purchase and partial sale reported on this Form 4 was effective pursuant to the Agreement.

01/02/2017(3)

2. Shares sold to cover the option cost and tax withholding obligations pursuant to the Agreement.

12/20/2019

3. Represents the date on which the options are fully exercisable pursuant to the vesting schedule of the grant.

12/20/2019

Remarks:

Stock

Option

(right to buy)

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

3,438

12/20/2019

D

** Signature of Reporting Person

Common

Stock

01/01/2020

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.