| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

| - | | |
|---|--------------------------|-----|
| | hours per response: | 0.5 |
| l | Estimated average burden | |

| 1. Name and Address of Reporting Person [*] ECKER DAVID J | | | 2. Issuer Name and Ticker or Trading Symbol <u>ISIS PHARMACEUTICALS INC</u> [ISIS] | | tionship of Reporting Pe all applicable) Director Officer (give title | rson(s) to Issuer 10% Owner Other (specify |
|---|--|----------------|---|------------------------|--|--|
| | Last) (First) (Middle) C/O ISIS PHARMACEUTICALS, INC. 1896 RUTHERFORD ROAD | | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2008 | | below) Vice Presid | below) |
| (Street) CARLSBAD (City) | CA (State) | 92008 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | ridual or Joint/Group Filir Form filed by One Rep Form filed by More tha Person | porting Person |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | e, Transaction Code (Instr. ar) 8) | | 4. Securities Disposed Of | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|--|---|------------------------------|---------------|----------|---|---|---|
| | | | | | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | |
| Common Stock | 01/01/2008 | 01/01/2008 | J ⁽¹⁾ | v | 2,065 ⁽¹⁾ | Α | \$8.3012 | 33,213 | Ι | By Trust |
| Common Stock | 01/04/2008 | 01/04/2008 | G ⁽²⁾ | V | 3,000 ⁽²⁾ | D | \$0 | 30,213 | Ι | By Trust |

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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|---|-----|--|---|-------|---|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Reporting 2,065 shares acquired under the Isis Pharmaceuticals, Inc. 2000 Employee Stock Purchase Plan on January 1, 2008.

2. This transaction involved a gift of securities by the reporting person to his daughter.

Remarks:

/s/B. Lynne Parshall, Attorney-_________01/04/2008

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.