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									
ı	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*						2. Issuer Name and Ticker or Trading Symbol ISIS PHARMACEUTICALS INC [ISIS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
CROOKE STANLEY T														X Director		or	10% Own		ner
(Last) (First) (Middle) C/O ISIS PHARMACEUTICALS, INC. 2855 GAZELLE COURT						3. Date of Earliest Transaction (Month/Day/Year) 01/09/2015								X Officer (give title Other (spe below) Chairman and CEO					pecify
		- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable								
(Street) CARLSBAD CA 92010				_	and the state of t								Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)															. 0.00				
		Tab	le I - No	n-Deriv	vative	e Se	curit	ies Ac	quired,	Dis	posed o	f, or Be	nefici	ally	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			and 5) Securiti Benefic		es	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	d tion(s)			Instr. 4)
Common	Stock	01/09	/09/2015		01/09/2015		M ⁽¹⁾		10,000	(1) A	\$11	.27	16,941			D			
Common	9/2015	/2015		01/09/2015			10,000	(1) D	\$73	.57	6,941			D					
Common Stock 01/09/							01/09/2015		M ⁽²⁾		1,000	2) A	\$9.	.22	1,627			I	By wife
Common Stock 01/09/2							01/0	01/09/2015			1,000	2) D	\$73	.57	6	527		I 1	By wife
Common	Stock										725,391		I E		By trust				
		-									osed of,				wned				
				<u> </u>		cal	-		•		convertil			_		1			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security					ansaction of			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		D	Price of erivative ecurity nstr. 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 Exercisa		Expiration Date	Title	Amour or Number of Shares	er					
Employee Stock Option (right to buy)	\$11.27	01/09/2015	01/09/2	2015 M				10,000	01/04/20	14	01/03/2017	Common Stock	10,00	0	\$0	79,163	3	D	
Employee Stock Option (right to	\$9.22	01/09/2015	01/09/2	015	М			1,000	07/19/20	14	07/18/2017	Common Stock	1,000		\$0	12,350)	I	By wife

Explanation of Responses:

- 1. Acquired as a result of exercising a stock option pursuant to a Rule 10b5-1 Trading Plan. The purchase and sale reported on this Form 4 was effective pursuant to a Rule 10b5-1 Trading Plan adopted by the reporting person on 8/6/2013.
- 2. 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's wife on 8/6/2013.

Remarks:

/s/Stanley T. Crooke

01/13/2015

** 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.