FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	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).

TATEMENT OF CHANCES IN BENEFICIAE OWNERS

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* HOUGEN ELIZABETH L						2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS]								eck all application	ationship of Reporting (all applicable) Director Officer (give title		10% Ow Other (speedow)	ner
(Last) (First) (Middle) C/O IONIS PHARMACEUTICALS, INC. 2855 GAZELLE COURT						3. Date of Earliest Transaction (Month/Day/Year) 01/15/2020								,	SVP, Finance & CFO			
(Street) CARLSBAD CA 92010 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	dividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Та	ble I - No	n-Deri	vati	ve S	ecuritie	es Acq	uired	, Dis	posed of	, or Ben	eficially	Owned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/I							2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securitie Disposed C			Beneficia Owned Fo	s lly ollowing	Form:	Direct III	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)		"	nstr. 4)
Common Stock 01/15/						2020 01/15/2020		/2020	M ⁽¹⁾		12,044(1) A	\$0	36,	504	D		
Common Stock 01/15/						/2020 01/15/2		/2020	F ⁽²⁾		4,277(2)	D	\$62.0	32,227		D		
			Table II -								osed of, convertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Ex (Month/Day/Year) if a	if any	Execution Date,		action (Instr.			6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares		Transaction (Instr. 4)	on(a)		
Restricted Stock Units	(3)(4)	01/15/2020	01/15/20	20	A		26,800		(5))	(5)	Common Stock	26,800	\$0	26,80	0	D	
Restricted Stock	(4)	01/15/2020	01/15/20	20	M			12,044	(5))	(5)	Common Stock	12,044	\$0	24,55	0	D	

Explanation of Responses:

- 1. Acquired pursuant to vesting and release of shares in accordance with Restricted Stock Unit awards.
- 2. Shares withheld to cover the required tax withholding obligations pursuant to the Ionis Pharmaceuticals, Inc. Amended and Restated 2011 Equity Incentive Plan.
- 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.

Remarks:

<u>/s/Patrick R. O'Neil, attorney-in-fact</u>

01/17/2020

** 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.