FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFICIA	L OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
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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

Name and Address of Reporting Person* Hayden Michael R				2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS]] (Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 2855 GA	(F ZELLE CO	irst) OURT	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/01/2022							Officer (give title Other (speci below) below)			specify
(Street)	Street) CARLSBAD CA 92010				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				
(City)	(S	State)	(Zip)			.,.					<u> </u>				
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L			ransacti			3. Transacti Code (Ins	4. Securition Disposed	s Acquired	S Acquired (A) or f (D) (Instr. 3, 4 and 5)		For ly (D)	Form: Direct	7. Nature of Indirect Beneficial Ownership		
						Code V	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 ar			(Instr. 4)		
			Table II - Der (e.g					quired, Dis				Owned			
1. Title of Derivative Security (Instr. 3)	Conversion Date		3A. Deemed Execution Date, if any (Month/Day/Year)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ve es ed ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)		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	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- Qualified Stock Option (right to buy)	\$38.06	07/01/2022		A		12,000		07/01/2023 ⁽¹⁾	06/30/2032 ⁽¹⁾	Common Stock	12,000	\$0.0	12,000	D	
Restricted Stock Unit	\$0.0 ⁽²⁾	07/01/2022		A		5,333		(3)	(3)	Common Stock	5,333	\$0.0	15,997	D	
Explanatio	n of Respons	ses:													

- 1. Grant on July 1, 2022 to reporting person of stock options under the Amended and Restated Ionis Pharmaceuticals, Inc. 2002 Non-Employee Directors' Stock Option Plan. 100% of the shares subject to the option vest and become exercisable on either the first anniversary of the date of grant or the next regularly scheduled annual meeting of stockholders of the Company, whichever occurs earlier. The option is exercisable to 0
- 2. Each Restricted Stock Unit represents a contingent right to receive one share of Ionis common stock, or its equivalent cash value.
- 3. Grant on July 1, 2022 to reporting person of Restricted Stock Unit award under the Amended and Restated Ionis Pharmaceuticals, Inc. 2002 Non-Employee Directors' Stock Option Plan. These Restricted Stock Units vest 100% on either the first anniversary of the date of grant or the next regularly scheduled annual meeting of stockholders of the Company, whichever occurs earlier, and will be delivered to the reporting person on the July 15th following the vesting date. The Restricted Stock Unit is vested as to 0 shares on July 1, 2022.

By: Patrick R. O'Neil, attorneyin-fact For: Michael R. Hayden

07/05/2022

** 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.