Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
Section 16. Form 4 or Form 5		
obligations may continue. See		

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* CROOKE STANLEY T						2. Issuer Name and Ticker or Trading Symbol ISIS PHARMACEUTICALS INC [ISIS]								5. Relationship (Check all appl X Direct		cable)	g Pers	son(s) to Iss 10% Ov Other (s	vner
(Last) (First) (Middle) C/O ISIS PHARMACEUTICALS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 01/27/2015									X	below) Chairman			below)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2855 GA	ZELLE CO	OURT																	
(Street)	BAD C	A	92010		_ 4. I	4. If Amendment, Date of				of Original Filed (Month/Day/Year)					lividual or Joint/Group Filing (Check Applica Form filed by One Reporting Person Form filed by More than One Reporting				n
(City)	(S	state)	(Zip)												Persor				
		Tal	ole I - No	n-Deri	vativ	e S	ecurit	ties Ac	quired	, Dis	sposed o	f, or Be	nefici	ally	Owned	ı			
Da			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			d 5)		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		tion(s)			(Instr. 4)		
Common	Stock			01/27	7/2015		01/2	7/2015	M ⁽¹⁾		10,000	1) A	\$11	.27	24,	,642 D			
Common	Stock			01/27	7/2015	5	01/2	7/2015	S ⁽¹⁾		10,000	1) D	\$72.	926	14	4,642 D			
Common Stock			01/27/2015		5	01/27/2015		M ⁽²⁾		1,000(2) A	\$9.	22	2,297			I	By wife	
Common	Stock			01/27	7/2015	,	01/2	7/2015	S ⁽²⁾		1,000(2) D	\$72.	926	026 1,297 I			I	By wife
Common Stock														725	5,391		I	by trust	
			Table II								oosed of,				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution if any	3A. Deemed Execution Date,		actior Instr	5. Number on of		6. Date Exercis Expiration Dat (Month/Day/Ye		sable and te	7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		nt 8	S. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (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)	Date Exercisa	ıble	Expiration Date	Title	Amour or Number of Shares	er					
Employee Stock Option (right to buy)	\$11.27	01/27/2015	01/27/	2015	M			10,000	01/04/20	014	01/03/2017	Common Stock	10,00	00	\$0	69,163	3	D	
Employee Stock Option (right to	\$9.22	01/27/2015	01/27/	2015	M			1,000	07/19/20	014	07/18/2017	Common Stock	1,00	0	\$0	11,350)	I	By wife

Explanation of Responses:

- 1. 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 on 8/6/2013.
- 2. 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's wife on 8/6/2013.

Remarks:

/s/B. Lynne Parshall, attorneyin-fact

01/29/2015

** 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.