SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
0.5									

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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).

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

1. Name and Addre		ng Person [*]	2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Monia Brett	<u>P</u>			X	Director	10% Owner				
(Last)	(First)	(Middle)	_ L	X	Officer (give title below)	Other (specify below)				
C/O IONIS PHA	· ,	(<i>'</i>	3. Date of Earliest Transaction (Month/Day/Year) 12/04/2020		e Officer					
2855 GAZELLI	E CT.									
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filin	g (Check Applicable				
CARLSBAD,	CA	92010		X	Form filed by One Rep	orting Person				
					Form filed by More tha Person	n One Reporting				
(City)	(State)	(Zip)								
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)	Transaction Code (Instr.		4. Securities A 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)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	12/04/2020	12/04/2020	М		23,840 ⁽¹⁾	Α	\$39.87	52,719	D	
Common Stock	12/04/2020	12/04/2020	S		23,840(2)	D	\$ 51.04 ⁽³⁾	28,879	D	

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)		of Deri Sec Acq (A) o Disp of (I	umber vative urities uired or oosed D) (Instr. and 5)	Expiration Date (Month/Day/Year)		e Amount of		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				
Employee Stock Option (right to buy)	\$39.87	12/04/2020	12/04/2020	М			23,840	01/02/2015	01/01/2021	Common Stock	0.0	\$0.0	0	D	

Explanation of Responses:

1. Acquired as a result of exercising a stock option that was scheduled to expire on 1/1/21. The purchase reported on this Form 4 was effected pursuant to a Rule 10b5-1 Trading Plan adopted by the reporting person on April 3, 2019.

2. Shares sold pursuant to a Rule 10b5-1 Trading Plan adopted by the reporting person on April 3, 2019.

3. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$51.00 to \$51.10, inclusive. The reporting person undertakes to provide to Ionis Pharmaceuticals, Inc., any security holder of Ionis Pharmaceuticals, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (3) of this Form 4.

Remarks:



12/08/2020

** Signature of Reporting Person Date

in-fact

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.