## 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 hours per response:

FORM 4

Check this box if no longer subje or Form 5 obligations may contin	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								hours per response: 0.5						
1. Name and Address of Reporting Person <sup>*</sup> <u>DiMarchi Richard D</u>						2. Issuer Name and Ticker or Trading Symbol <u>ISIS PHARMACEUTICALS INC</u> [ ISIS ]						Relationship of Reporting Person(s) to Issuer heck all applicable) X Director 10% Owner Officer (give title below) Other (specify below)			
(Last) (First) (Middle) INDIANA UNIVERSITY, CHEMISTRY A508 800 EAST KIRKWOOD				3. Date of Earliest Transaction (Month/Day/Year) 07/01/2005							Omcer (give the	below)	Other (spe	criy below)	
	IN 47405 (State) (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individua X	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3)					2. Transact Date (Month/Day	/Year) Execu	Execution Date,	3. Transaction Code (Instr. 8) 4. Securi 3, 4 and 9   Code V   Amount		, I I		5. Amount of Securities Beneficially Owned Followin Reported Transaction(s) (Instr. 3 and 4)		Ownership Form: rect (D) or Indirect (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
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)	7. 2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac (Instr. 8)	tion Code	5. Number of Securities Ac Disposed of ( and 5)	quired (A) or	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Under Derivative Security (Instr. 3 and 4)		derlying 8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	of 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 Share	s	Reported Transaction( (Instr. 4)	(s)	
Director Stock Option (right to buy)	\$3.95	07/01/2005	07/01/2005	Α		10,000		07/01/2006 <sup>(1)</sup>	06/30/2015	Common Stock	10,000	\$0	10,000	D	

Explanation of Responses:

1-09. The option is exercisable as to 0 shares on 7-1-05.

Remarks:

<u>/s/B. Lynne Parshall, Attorney-in-Fact for</u> <u>Richard D. DiMarchi</u>

\*\* Signature of Reporting Person

07/01/2005 Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Relimined: redport on a separate line to each class of securities beneficially owned unleady of inducedy.
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.

Know all by these presents, that the undersigned hereby constitutes and appoints each of Stanley T. Crooke and B. Lynne Parshall, signing individually, the undersigned (1) execute for and on behalf of the undersigned, an officer, director or holder of 10% or more of a registered class of securities of Isis Pharmaceuticals, Inc. (Is (2) do and perform any and all acts for and on behalf of the undersigned that may be necessary or desirable to complete and execute such Form 3, 4 or 5, complete and (3) take any other action of any nature whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit, in the best in The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, ( This Power of Attorney shall remain in full force and effect until the earliest to occur of (a) the undersigned is no longer required to file Forms 3, 4 and 5 with t

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 14th day of December, 2004.

/S/ RICHARD D. DIMARCHI