SEC For	rm 4																		
FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).			UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549														OMB APPROVAL		
			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											ΗP	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5				
LOSCA (Last)	ALZO JC	First)	(Middle)			Issue ONIS	r Name <b>a</b> S PHA	ind Ti	icker or Trading Symbol <u>IACEUTICALS INC</u> [ IONS nsaction (Month/Day/Year)				] (Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title X Other (specify below) Chairman of Board					
(Street) CARLSBAD CA 92010 (City) (State) (Zip)					4.	Line) X Form file									int/Group Filing (Check Applicable ed by One Reporting Person ed by More than One Reporting				
		Ta	ble I - Nor	1-Deriv	ativ	ve Se	ecuriti	es A	cquired, C	Disp	posed of	, or Ben	eficially	Owned					
1. Title of Security (Instr. 3) 2. Trans Date (Month/I)						2A. Deemed Execution Dat if any (Month/Day/Ye		Code (Inst					4 and 5) Securities Beneficial Owned Fo		Form Iv (D) o		7. Nature of ndirect Beneficial Dwnership		
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
									quired, Dis ts, options					Dwned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Co	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownershij (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$40.05	07/01/2021	07/01/202	1	A		12,000		07/01/2022 <sup>(1)</sup>	00	5/30/2031 <sup>(1)</sup>	Common Stock	12,000	\$0.0	12,00	00	D		
Restricted Stock Unit	\$0.0 <sup>(2)</sup>	07/01/2021	07/01/202	1	A		5,333		(3)		(3)	Common Stock	5,333	\$0.0	18,44	41	D		

Explanation of Responses:

1. Grant of July 1, 2021 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 shares on July 1, 2021.

2. Each Restricted Stock Unit represents a contingent right to receive one share of Ionis common stock, or its equivalent cash value.

3. Grant of July 1, 2021 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, 2021.

## By: Patrick R. O'Neil, attorneyin-fact For: Joseph Loscalzo 07/06/2021

\*\* 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.