# FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

**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*  PARSHALL B LYNNE						2. Issuer Name and Ticker or Trading Symbol  ISIS PHARMACEUTICALS INC [ ISIS ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				
(Last) (First) (Middle) C/O ISIS PHARMACEUTICALS, INC. 1896 RUTHERFORD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 12/08/2009								X Officer (give title Other (special below) Director, COO				
(Street) CARLSBAD CA 92008  (City) (State) (Zip)					4.	If Am	nendme	ent, Date o	of Origina	al File	d (Month/Da	Line	Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	`			n-Deri	vativ	e S	ecuri	ties Ac	auired	. Dis	sposed o	of. or Be	neficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					action	ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		d (A) or	5. Amou Securitie Benefici	nt of s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	ect c	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	ion(s)			Instr. 4)
Common Stock 12/08/						2009		12/08/2009			20,000	1) A	\$6.812	21,985		D		
Common Stock 12/08/					3/2009	2009		12/08/2009			20,000	2) <b>D</b>	\$10.5	3 1,	985	D		
Common Stock 12/09/3					9/2009	/2009 12		9/2009	M <sup>(3)</sup>		10,000	3) A	\$6.812	.5 11,	,985	D		
Common Stock 12/09/3					9/2009	/2009 12/0		9/2009	S <sup>(4)</sup>		10,000	4) <b>D</b>	\$10.2	6 1,	1,985			
			Table II								osed of, converti			Owned		,		*
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transactio Code (Ins 8)				6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owr Forr Dire or Ir (I) (II	ership 1: ct (D) direct 1str. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to buy)	\$6.8125	12/08/2009	12/08/2009		M	1 20,00		20,000	01/06/20	000	01/05/2010	Common Stock	20,000	\$0	54,910	0	D	
Employee Stock Option (right to	\$6.8125	12/09/2009	12/09/2009		M	4		10,000	01/06/20	000	01/05/2010	Common Stock	10,000	\$0	44,910	0	D	

#### **Explanation of Responses:**

- 1. Acquired as a result of exercising a stock option that was scheduled to expire on 1/5/10. The purchase reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on 11/6/09.
- 2. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on 11/6/09.
- 3. Acquired as a result of exercising a stock option that was scheduled to expire on 1/5/10. The purchase reported on this Form 4 was effected pursuant to Rule 10b5-1 trading plans adopted by the reporting person on 10/1/08 and 11/6/09.
- 4. The sale reported in this Form 4 was effected pursuant to Rule 10b5-1 trading plans adopted by the reporting person on 10/1/08 and 11/6/09.

## Remarks:

/s/B. Lynne Parshall

12/10/2009

\*\* 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.