SEC For	rm 4																		
FORM 4 UNITED S				STAT	ATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549											OMB APPROVAL			
Check	onger subject to Form 5	EMEN	NT OF CHANGES IN BENEFICIAL OWNERSHIP									OMB Number: 3235-0287 Estimated average burden							
obligat Instruc	Filed				6(a) of the Section o			34	hours per res			ponse:	0.5						
1. Name and Address of Reporting Person <sup>*</sup> MUTO FREDERICK T					2. Issuer Name and Ticker or Trading Symbol <u>IONIS PHARMACEUTICALS INC</u> [ IONS ]								ck all applica Director	able)	10% Owne		ner		
(Last) 2855 GA	(Last) (First) (Mid 2855 GAZELLE COURT												Officer ( below)	give title		Other (sp below)	ecify		
(Street) CARLSBAD CA			92010		Line) X Form Form							Form file	Joint/Group Filing (Check Ap filed by One Reporting Perso filed by More than One Repo n						
(City)	(S	itate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				2. Transac Date Month/Da		2A. Deer Execution if any (Month/I	on Da	Code (In:	tion   I				Beneficial Owned Fo	Form Iy (D) or		Direct Ir Indirect B str. 4) 0	. Nature of ndirect eneficial ownership		
								Code \	v l	Amount	(A) or (D)	Price	Reported Transactic (Instr. 3 ar				nstr. 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Code	Transaction Code (Instr.		ber ive ies ed ed nstr. I 5)	6. Date Exerci Expiration Da (Month/Day/Y	ate	e and	7. Title an of Securiti Underlyin Derivative (Instr. 3 ar	ies g Security	Derivative Security	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	Exp	piration le	Title	Amount or Number of Shares							
Non- Qualified Stock Option (right to buy)	\$40.05	07/01/2021	07/01/2021	Α		12,000		07/01/2022 <sup>(1)</sup>	06/3	30/2031 <sup>(1)</sup>	Common Stock	12,000	\$0.0	12,00	0	D			
Restricted Stock Unit	\$0.0 <sup>(2)</sup>	07/01/2021	07/01/2021	A		5,333		(3)		(3)	Common Stock	5,333	\$0.0	18,44	1	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: Frederick T. Muto

\*\* 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.