FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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1	OMB APPRO	JVAL				
	OMB Number:	3235-0287				
	Estimated average burd	en				
	hours per response:	0.5				

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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* <u>Geary Richard S</u>						2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [ IONS   5. Relationship of Reporting Person(s) to Issuer (Check all applicable)													
					1										Directo			10% Ov	-
(Last)	(F	irst)	(Middle)		_									X	below)	(give title		Other (s below)	pecify
C/O IONIS PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 12/02/2019									SVP, Development				
					12														
2855 GAZELLE COURT						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)					_   ''''	. ,		n, Date	o. og		ou (o	.,,		ne)		о о. оар	9	(0.1001.7.p)	5.110415.10
	BAD C	Δ	92010											X	Form fi	led by One	Repo	orting Persor	า
CARLSBAD CA 92010					_										Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)												. 0.00				
		Tab	le I - N	Non-Deri	ivativ	e Sec	urit	ies A	cquire	d, D	isposed o	f, or B	eneficia	ally (	Owned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/N					Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Disposed Of				5. Amount of Securities Beneficially Owned Follow		es ially	Form (D) o	n: Direct or Indirect	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price			ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 12/02/201					2019	19 12/02/2019		M <sup>(1)</sup>		5,000(1)	Α	\$14.6	69 26		5,583		D		
Common Stock 12/02/201					2019	12/02/2019		S <sup>(1)</sup>		5,000(1)	D	\$65.057	0574 <sup>(2)</sup> 21		1,583		D		
		-	Table I								posed of,				wned				
				(e.g.,	puts,	calls	, wa	ırrant	s, opti	ons	, convertil	oie sec	urities						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amoun or Numbe of Shares	r					
Employee Stock Option (right to	\$14.69	12/02/2019	12/0	02/2019	M			5,000	01/02/20	017 <sup>(3)</sup>	01/29/2020	Common Stock	5,000		\$0	10,000	)	D	

## **Explanation of Responses:**

- 1. Acquired as a result of exercising a stock option pursuant to Rule 10b5-1 Trading Plan. The purchase and sale reported on this Form was effective pursuant to Rule 10b5-1 Trading Plan adopted by the reporting person on 10/7/2019.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$65.05 to \$65.17, 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 (2) on this Form 4.
- 3. Represents the date on which the options are fully exercisable pursuant to the vesting schedule of the grant.

## Remarks:

/s/Patrick R. O'Neil, attorneyin-fact

\*\* Signature of Reporting Person

12/04/2019

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.