Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEME
Section 16. Form 4 or Form 5	O I A I E IVIE
obligations may continue. See	

ENT 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* O'NEIL PATRICK R. (Lock) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC IONS									all applic	etor er (give title		rson(s) to Issuer 10% Owner Other (specify below)		
(Last) (First) (Middle) C/O IONIS PHARMACEUTICALS, INC. 2855 GAZELLE COURT						3. Date of Earliest Transaction (Month/Day/Year) 03/18/2019									SVP Legal & General Counsel					
(Street)	BAD C.	A	92010		_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indivi ine) X	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																	
		Tab	ole I - I	Non-Deri	vativ	e Sec	curities	s Ac	quire	ed, D	isposed o	f, or B	eneficia	ally (Owned					
1. Title of S	ecurity (Instr. 3) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 9)						Beneficially Owned Following		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership								
									Code	v	Amount	(A) or (D)	Price	Reported (Instr. 4) Transaction(s) (Instr. 3 and 4)					(Instr. 4)	
Common	Stock			03/18/2	2019	03/	/18/201	9	M ⁽¹⁾		28,800(1)	A	\$61.5	57	48	,473				
Common	Stock			03/18/2	2019	03/	/18/201	9	S ⁽¹⁾		28,800(1)	D	\$78.79	12 ⁽²⁾	19	19,673 D				
		-	Table								posed of, , convertil				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execut if any			action (Instr.			6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amoun or Numbe of Shares	er						
Employee Stock Option (right to	\$61.57	03/18/2019	03/1	18/2019	M		28,800		01/02	2/2019	01/01/2022	Commor Stock	28,80	0	\$0	2,657		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 4 was effective pursuant to Rule 10b5-1 Trading Plan adopted by the reporting person on 8/29/2018.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$78.75 to \$78.895, 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.

Remarks:

Patrick R. O'Neil

03/20/2019

** 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.