FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

to	STATEMENT OF CHANGES IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
houre per reenonce:	0.5								

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     O'NEIL PATRICK R.				_ <u>IC</u>	2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [ IONS ]								ationship of Reporting k all applicable) Director Officer (give title		10% Ow Other (s		vner
(Last) 2855 GAZ	(Last) (First) (Middle) 2855 GAZELLE COURT					3. Date of Earliest Transaction (Month/Day/Year) 01/15/2022								below) below) below) EVP CLO & General Counse			
(Street)			2010	—   4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ind Line)						
(City)	(Sta		Zip) 	Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				ansaction	action 2A. Deemed Execution Date,		3. 4. Securities Ac Disposed Of (D) Code (Instr.		es Acquired (A) or Of (D) (Instr. 3, 4 and 5		5. Amount Securities Beneficial Owned Fo	ly	6. Own Form: I (D) or I (I) (Inst	Direct Indirect Er. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V	,	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 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)	Transaction 3A. Deemed 4. 5. Number of 6. Date Exercisable ate Execution Date, Transaction Derivative Expiration Date			e of Securities			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisab	ole	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
Performance Restricted Stock Units <sup>(1)</sup>	\$0.0	01/15/2022	01/15/2022	A		11,463 <sup>(2)</sup>		(2)		(2)	Common Stock	11,463	\$0.0	11,463	3	D	
Restricted Stock Unit <sup>(3)</sup>	\$0.0 <sup>(4)</sup>	01/15/2022	01/15/2022	A		15,284		(5)		(5)	Common Stock	15,284	\$0.0	73,405	5	D	

## **Explanation of Responses:**

- 1. Grant to reporting person of Performance Restricted Stock Units under the Ionis Pharmaceuticals, Inc. Amended and Restated 2011 Equity Incentive Plan.
- 2. Represents an award of performance based restricted stock units ("PRSUs"). One-third of the PRSUs may vest at the end of three separate performance periods spread over the three years following the date of grant based on the Issuer's relative total shareholder return as compared to a peer group of companies. The number of PRSUs reported represents the maximum that may be earned, which is 150% of the target number. No number of PRSUs is guaranteed to vest and the actual number of PRSUs that will vest at the end of each performance period may be anywhere from zero to the amount stated.
- 3. Grant to reporting person of Restricted Stock Units under the Ionis Pharmaceuticals, Inc. Amended and Restated 2011 Equity Incentive Plan.
- 4. Each Restricted Stock Unit represents a contingent right to receive one share of Ionis common stock, or its equivalent cash value.
- 5. Restricted Stock Units vest in four equal annual installments. Upon vesting, the Restricted Stock Units will be paid out in whole shares of Ionis common stock or cash as may be determined by Ionis.

Patrick R. O'Neil

01/19/2022

\*\* 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.