FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSH	ΗP
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	OMB APPROVAL									
l	OMB Number:	3235-0287								
l	Estimated average burden									
l	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

Name and Address of Reporting Person*     Swayze Eric					2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [ IONS ]							] (Chec	ck all applica Director	ble)	10% Owner		ner	
(Last) (First) (Middle) 2855 GAZELLE COURT						3. Date of Earliest Transaction (Month/Day/Year) 01/15/2022							X	below)	Officer (give title below)  EVP F		below)	Decily
(Street) CARLSBAD CA 92010 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line) X	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D.				action	ction 2A. Deemed Execution Date,			uired, Disposed of, or Benefic  3.			(A) or	5. Amount Securities Beneficial Owned Fo	ly	Form: Direct		. Nature of ndirect seneficial 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)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			ransaction Derivative Code (Instr. Securities			6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and A of Securities Underlying Derivative Se (Instr. 3 and 4			es J Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	e de la companya de l	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				c	Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
Performance Restricted Stock Units <sup>(1)</sup>	\$0.0	01/15/2022	01/15/202	22	A		11,144 <sup>(2)</sup>		(2)		(2)	Common Stock	11,144	\$0.0	11,144	4	D	
Restricted Stock Unit <sup>(3)</sup>	\$0.0 <sup>(4)</sup>	01/15/2022	01/15/202	22	A		14,859		(5)		(5)	Common Stock	14,859	\$0.0	55,779	9	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.

By: Patrick R. O'Neil, attorneyin-fact For: Eric Swayze

01/19/2022

\*\* Signature of Reporting Person

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.