FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-02									
Estimated average burden									
hours per response.	0.5								

	Check this box if no longer subject to							
	Section 16. Form 4 or Form 5							
\cup	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* HOUGEN ELIZABETH L					2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS]] (Che	ck all applica	ationship of Reporting all applicable) Director Officer (give title		10% Owi	er	
(Last) 2855 GAZ	(Firs	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/15/2022					_ x	below)	•	Other (spe- below) ance & CFO		беспу		
(Street) CARLSBA (City)	AD CA	ite) (22010 Zip)	-	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transic Date (Month/It				nsaction	<u>_</u>			3. Transaction Code (Instr. 8)	4. Securitie	es Acquired Of (D) (Instr.	(A) or	5. Amount of		Form: Direct (D) or Indirect (I) (Instr. 4)		Nature of adirect eneficial wnership nstr. 4)	
		-	Table II - Deriv (e.g.,					ired, Disp options, o				Owned			,		
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/Year)		Transaction Code (Instr. Security B) Acquire or Discording to the control of (D)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		l Amount es l Security d 4)	Derivative Security	9. Number derivative Securities Beneficial Owned Following Reported	is Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)				
Performance Restricted Stock Units ⁽¹⁾	\$0.0	01/15/2022	01/15/2022	A		12,419 ⁽²⁾		(2)	(2)	Common Stock	12,419	\$0.0	12,419	9	D		
Restricted Stock Unit ⁽³⁾	\$0.0 ⁽⁴⁾	01/15/2022	01/15/2022	A		16,559		(5)	(5)	Common Stock	16,559	\$0.0	77,887	7	D		

- 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, attorney-

in-fact For: Elizabeth L.

01/19/2022

Hougen

** 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.