FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											hours per response:		0.9	
1. Name and Address of Reporting Person' 2. Date of Event Requiring Statement (Month/Day/Year) 12/13/2005					Statement	3. Issuer Name and Ticker or Trading Symbol <u>ISIS PHARMACEUTICALS INC</u> [ISIS]								
(Last) (First) (Middle) C/O ISIS PHARMACEUTICALS, INC. 1896 RUTHERFORD ROAD							4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director Officer (give title below)		10% Owner Other (specify below)		 If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Line) 			
Street) CARLSBAD	CA	92008									x	X Form filed by One Reporting Person Form filed by More than One Reporting Person		J
(City)	(State)	(Zip)												
				Table	I - Non-De	erivative S	Securities Beneficially Own	ed						
1. Title of Security (Instr. 4)						2. Amount a (Instr. 4)	f Securities Beneficially Owned	3. (D	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock							100		I		Owned by Son			
							curities Beneficially Owner options, convertible secur							
Expiration							3. Title and Amount of Securities Underlying Deri (Instr. 4)		vative Security 4. Conver Exercise of Derival Security		Price Form: Direct (D) or		6. Nature of Indirect Beneficial Ownership (Instr. 5)	cial
				Date Exercisable	Expiration Date	Title			Amount or Number of Shares	Security				
planation of Respon	ses:													

Remarks:

<u>/s/B. Lynne Parshall, Attorney-in-Fact</u> ** Signature of Reporting Person

12/15/2005 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 5 (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.

Know all by these presents, that the undersigned hereby constitutes and appoints each of Stanley T. Crooke and B. Lynne Parshall, signing individually, the undersigned (1) execute for and on behalf of the undersigned, an officer, director or holder of 10% or more of a registered class of securities of Isis Pharmaceuticals, Inc. (Is (2) do and perform any and all acts for and on behalf of the undersigned that may be necessary or desirable to complete and execute such Form 3, 4 or 5, complete and (3) take any other action of any nature whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit, in the best in The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, (This Power of Attorney shall remain in full force and effect until the earliest to occur of (a) the undersigned is no longer required to file Forms 3, 4 and 5 with t

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 13th day of December, 2005.

/S/JOSEPH KLEIN III