FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C	. 20549
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Inchrication 4/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed 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* Monia Brett P					2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
					ION	IONS]									Direc			10% O		
(Last)	Last) (First) (Middle)														belov	er (give title v)		Other (: below)	specily	
2855 GAZELLE COURT					3. Date of Earliest Transaction (Month/Day/Year) 11/12/2024									Chief Executive Officer						
(Street)					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
CARLSBAD CA 92010			0										1	,						
(City) (State) (Zip)														Form filed by More than One Reporting Person						
(0.5)				Non-Deriva	tive S	Secui	rities	Δα	nuir	ed D	isnosed (of or	Renefi	cially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				ar) if	2A. Deemed Execution Date,			3. 4. Securi			Acquire		5. Am Secui Bener		ount of ities icially d Following	Forn (D) c Indir	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								С	ode	v .	Amount	(A) or (D)	Price		Transa	rted (Instr. 4) action(s) 3 and 4)		u. 4)	(111501. 4)	
Common Stock 11/12/2024								S		6,630(1)	D	\$38.0	534(2)	167,393			D			
		Tal	ble I	II - Derivati (e.g., pu							posed of converti				Owne	d				
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)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exp	Date Exe Diration Donth/Day		Amo Secu Undo Deri	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		rice of ivative derivative urity Securities Beneficial Owned Following Reported Transactic (Instr. 4)		Own Form Direct or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indired Beneficia Ownersh (Instr. 4)	
					Code	e V (A) (I		(D)	Date D) Exercisa		Expiration Date	ı Title	Amour or Number of Shares	er						

Explanation of Responses:

- 1. Shares sold pursuant to a Rule 10b5-1 Trading Plan adopted by the reporting person on August 13, 2024.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$37.73 to \$38.655 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.

By: Patrick R. O'Neil. attorney-in-fact For: Brett P. 11/13/2024

** 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.