SEC For																	
FORM 4			UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549														
Section obligat	this box if no lo n 16. Form 4 or ions may contil tion 1(b).		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										OMB Number: 3235-0287 Estimated average burden hours per response: 0.5				
transac contrac for the securit intende defens	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 10b5-1(c). See Instruction 10.																
1. Name and Address of Reporting Person [*] HOUGEN ELIZABETH L					2. Issuer Name and Ticker or Trading Symbol <u>IONIS PHARMACEUTICALS INC</u> [IONS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify bolow)					
	t) (First) (Middle) 5 GAZELLE COURT IONIS PHARMACEUTICALS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 02/02/2024							EVP, Finance & CFO					
(Street)	(Street) CARLSBAD CA 92010				4. If Amendment, Date of Original Filed (Month/Day/Year) 6. India 02/02/2024								,				
		Table	I - Non-Deri	vativ	ve Secur	ities A	cquir	ed, I	Disposed (of, or	Benefi	cially	Owne	ed			
1. Title of Security (Instr. 3) Date (Month/Day/Yea					2A. Deemed Execution Da if any (Month/Day/Y		3. Transa Code (8)		4. Securities Acqu Disposed Of (D) (I				5. Amo Securit Benefic Owned Report	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)	(1150. 4)	(1150. 4)	
Common Stock 02/02/2024							S		2,162 ⁽¹⁾	D	\$49.53	399 ⁽²⁾	92	,868(1)	D		
		Tal	ble II - Deriv (e.g.,						sposed of s, converti				wneo	ł			
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/Yea	4. Tra	ansaction ode (Instr.	5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3, and 5)	ve (Mo es d	Date E	xercisable and n Date ay/Year)	7. Ti Amo Secu Unde Deriv	tle and unt of urities erlying vative urity (Insti	8. Pr Deriv Secu (Inst		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. The original Form 4 filed on February 2, 2024 reported 2,125 restricted stock units sold by the reporting person which has been revised by this amendment to reflect the actual amount of shares sold and beneficially owned by Ms. Hougen.

Date Exercisable Expiration Date

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$49.53 to \$49.55 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.

Patrick R. O'Neil, attorney-in-09/04/2024

fact For: Elizabeth L. Hougen

Amount or Number

of Shares

Title

** 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).

v

Code

(A) (D)

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.