FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 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

1. Name and Address of Reporting Person*  BENNETT C FRANK						2. Issuer Name and Ticker or Trading Symbol  IONIS PHARMACEUTICALS INC [ IONS ]									ationship of Reportin k all applicable) Director Officer (give title below)		g Person(s) to Issuer 10% Owne Other (spec below)		vner
(Last)	,	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)									Chief Scientific Officer				
C/O IONIS PHARMACEUTICALS, INC.				12/	12/02/2020														
2855 GA	ZELLE C	Г.			4 If	Amor	ndmor	nt Date	of Origin	al Eile	ed (Month/D	av/Voar)		6 Indi	ividual or	loint/Grour	. Eilin	g (Check Ap	nlicable
(Street)					·   <del>*</del> · "	Aillei	iuiiiei	ii, Dale	or Origin	iai i iic	ta (Month/D	ay/ rear)		Line)					·
CARLSI	BAD, C	CA .	92010											X		•		orting Perso	
				.										Form filed by More than One Reporting Person					
(City)	(5	State)	(Zip)																
		Tab	le I - No	on-Deriv	ative	Sec	urit	ies Ac	quire	d, Di	sposed o	of, or Be	nefic	ially	Owned	i			
Date			2. Transac Date (Month/Da		y/Year) Execution		Deemed ecution Date, ny onth/Day/Year)		Transaction Disposed Code (Instr.		es Acquire Of (D) (Inst		and 5) Securit Benefic		es ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price		Transac (Instr. 3	tion(s)			(11150.4)
Common Stock			12/02/	2/2020		12/02/2020		М		7,053(1	) A \$3		9.87	7 39,529			D		
Common Stock 12/			12/02/	2020 1		2/02	/2020	S		7,053 <sup>(2)</sup>	) D	\$51	.32(3)	32,476			D		
		7	able II								oosed of converti				Owned			,	*
Security or Exercise (Month/Day/Year) if any				med 4. Transact Code (In Day/Year) 8)					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		S (I	. Price of Perivative Pecurity Instr. 5)		s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

## Explanation of Responses:

\$39.87

1. Acquired as a result of exercising a stock option that was scheduled to expire on 1/1/21. The purchase reported on this Form 4 was effected pursuant to a Rule 10b5-1 Trading Plan adopted by the reporting person on May 14, 2020.

7,053

01/02/2017

01/01/2021

2. Shares sold pursuant to a Rule 10b5-1 Trading Plan adopted by the reporting person on May 14, 2020.

12/02/2020

3. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$51.00-\$51.70, 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 (3) of this Form 4.

## Remarks:

Employee Stock Option

(right to

/s/Patrick R. O'Neil, attorneyin-fact

\*\* Signature of Reporting Person

0.0

Stock

\$0.0

12/04/2020

Date

7,947

D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

12/02/2020

\*\* 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.