FORM 4

UNITED STAT

Washington, D.C. 20549

OMB APPROVAL

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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)

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

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

intended to satisf defense condition See Instruction 1	y the affirmative ns of Rule 10b5-1(c).					
1. Name and Address Swayze Eric (Last) 2855 GAZELLE	ss of Reporting Perso (First)	n* (Middle)	Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC IONS IONS		tionship of Reporting Pers all applicable) Director Officer (give title below) EVP Reseat	10% Owner Other (specify below)
(Street) CARLSBAD (City)	CA (State)	92010 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Filing Form filed by One Repo Form filed by More than Person	orting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)		(11150.4)
Common Stock	10/15/2024		M ⁽¹⁾		125(1)	A	\$0.0	210	I	by Son
Common Stock	10/16/2024		S ⁽²⁾		53(2)	D	\$38.313	157	I	by Son
Common Stock								34,907	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 6. Date Exercisable and Expiration Date (Month/Day/Year) 3A. Deemed Execution Date 8. Price of Derivative 11. Nature of Indirect 1. Title of 3. Transaction 5. Number 7. Title and 9. Number of 10. Conversion Transaction Ownership (Month/Day/Year) Derivative Security (Instr. 3) or Exercise if anv Code (Instr. Securities Security (Instr. 5) Securities Form: Beneficial (Month/Day/Year) Underlying Derivative Sectionstr. 3 and 4) Direct (D) Price of Derivative 8) Securities Beneficially Ownership Acquired (A) or Disposed curity Owned Following or Indirect (I) (Instr. 4) (Instr. 4) Security Reported Transaction(s) (Instr. 4) of (D) (Instr. 3, 4 and 5) Amount Numbe Date Expiration Code ν (A) (D) Exercisable Date Title Shares Restricted **\$0.0**⁽³⁾ (4) Commor 10/15/2024 М 125 125 \$0.0 426 by Son Stock

Explanation of Responses:

- 1. Acquired pursuant to vesting and release of shares in accordance with a Restricted Stock Unit award.
- 2. The sale was made pursuant to an automatic sale to cover the required tax withholding obligations pursuant to the 2011 Equity Incentive Plan Restricted Stock Unit Agreement and Grant Notice
- 3. Each Restricted Stock Unit represents a contingent right to receive one share of Ionis common stock, or its equivalent cash value.
- 4. 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 the Company.

By: Patrick R. O'Neil, attorney-10/17/2024 in-fact For: Eric Swayze

** 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.