FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* CROOKE STANLEY T						2. Issuer Name and Ticker or Trading Symbol ISIS PHARMACEUTICALS INC [ISIS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				uer	
														X Direc	Director		10% Ov	vner	
(Last) (First) (Middle) C/O ISIS PHARMACEUTICALS, INC. 2855 GAZELLE COURT						3. Date of Earliest Transaction (Month/Day/Year) 12/21/2011								^ below	Officer (give title Other (specify below) Chairman, President, CEO				
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) CARLSBAD CA 92010														ne) X Form Form	•				
(City)	(S	tate)	(Zip)																
		Tab	le I - Noi	n-Deriv	ative	e Se	curit	ies Ac	quired	Dis	sposed c	f, or Be	neficia	lly Owne	d				
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)					Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Benefic Owned	ies :ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	Price	Report Transa (Instr. 3	ction(s)			(Instr. 4)	
Common Stock					12/21/2011		12/21/2011		M ⁽¹⁾		16,720) ⁽¹⁾ A	. \$5	.8 1	16,720		D		
Common Stock 12.					2/21/2011		12/21/2011		S ⁽¹⁾		16,720) ⁽¹⁾ D	\$6.	92	0		D		
Common Stock 12					/21/2011		12/21/2011		M ⁽²⁾		1,080	(2) A	. \$5	.8 1	1,080		I	By wife	
Common Stock 12/21					21/2011		12/21/2011		S ⁽²⁾		1,080	(2) D	\$6.	92	0		I	By wife	
Common Stock														87	875,391		I	By Trust	
		-									osed of			y Owned					
1. Title of 2. 3. Transaction 3A. Deemed 4.									•		sable and	7. Title and Am		t 8. Price of	9. Numbe	r of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution if any (Month/Day	Date,	Transaction Code (Instr 8)		of Deri Sec Acq (A) o Disp of (I	vative urities uired	Expiration Date (Month/Day/Yea		e	of Securi Underlyi	ties ng e Security	Derivative Security		e S Illy	or Indirect (I) (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amoun or Numbe of Shares						
Employee Stock Option (right to buy)	\$5.8	12/21/2011	12/21/2011		M			16,720	01/03/20	09	01/02/2012	Common Stock	16,72	\$0	0		D		
Employee Stock Option (right to	\$5.8	12/21/2011	12/21/2011		М	1,080 0		01/03/20	09	01/02/2012	Common Stock	1,080	\$0	0		I	By wife		

Explanation of Responses:

- 1. Acquired as a result of exercising a stock option that was scheduled to expire on 1/2/12. The purchase and sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on 10/3/11.
- 2. Acquired as a result of exercising a stock option that was scheduled to expire on 1/2/12. The purchase and sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person's wife on 10/3/11.

Remarks:

/s/B. Lynne Parshall

12/22/2011

** 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.