FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-028									
Estimated average b	ourden									

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* PARSHALL B LYNNE					2. Issuer Name and Ticker or Trading Symbol ISIS PHARMACEUTICALS INC [ISIS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
PARSE	IALL B I	LYININE									·	X Direct	or	10% O	wner	
(Last)	(Fi	rst)	(Middle)	3.	Date o	f Earlies	t Trar	saction (Mon	th/Day/Year)		_	X Office below	r (give title)	Other (below)	specify	
C/O ISIS PHARMACEUTICALS, INC.					01/15/2012							Director, COO				
	ZELLE CO															
2000 GIZZELLE GOORI					4. If Amendment, Date of Original Filed (Month/Day/Year)						6.	6. Individual or Joint/Group Filing (Check Applicable				
(Street)				"	. ,		Date	or originar i	04 (111011411)	.u,, .ou.,		ne)	ooma oroup	9 (0.1.001.77	, piioabio	
CARLSE	BAD C	A !	92010										filed by One R			
												Form Perso	filed by More to n	han One Repo	orting	
(City)	(S	tate)	(Zip)													
		Tah	le I - Non-De	rivativ	- Sec	curitie	<u> Δ</u>	nuired D	isnosed i	of or Re	neficia	Ilv Owne	Н			
					_	2A. Deem		3.	-					<u> </u>	7. Nature	
1. Title of Security (Instr. 3) 2. Transac Date				е	Execution Date, Transaction Di				on Dispose	curities Acquired (A) o osed Of (D) (Instr. 3, 4			es Fo	Ownership orm: Direct	of Indirect Beneficial Ownership	
(Month/Da			ntn/Day/Ye	ay/Year) if any (Month/Day/Year			Code (Instr. 5)					Following (I) (I) or Indirect (Instr. 4)			
								Code V	Amount	(A) 0	r Price	Reporte Transac	tion(s)		(Instr. 4)	
									7	(D)	1	(Instr. 3	and 4)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned															
			(e.g	., puts,	calls	s, warr	ants	s, options	convert	ible seci	urities)					
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution Date.	4. Trans	ection			6. Date Exercisable and 7. Title and Expiration Date Amount of				8. Price of Derivative	e derivative	10. Ownership Form:	11. Nature of Indirect Beneficial Ownership	
Security	or Exercise	(Month/Day/Year)	if any	Code				(Month/Day/\	Securities Underlying		Security					
(Instr. 3)	Price of (Month/Day/Year) Derivative				Acquired		Derivative Secu			Security	(Instr. 5)	Owned	Direct (D) or Indirect	(Instr. 4)		
	Security				(A) or Disposed of (D) (Instr. 3, 4 and 5)			Disposed of (D)			nd 4)		Following Reported Transaction(s) (Instr. 4)	(I) (Instr. 4)		
														5)		
								and 5)		ļ		1	<u> </u>			
											Amount					
								Date	Expiration		Number					
				Code	v	(A)	(D)	Exercisable	Date	Title	Shares					
Restricted Stock Units	(1)	01/15/2012	01/15/2012	A		6,860		(2)	(2)	Common Stock	6,860	\$0	6,860	D		

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of Isis common stock, or its equivalent cash value.
- 2. The restricted stock units vest in four equal annual installments, the first installment vesting on January 15, 2013. Upon vesting, the restricted stock units will be paid out in whole shares of Isis common stock or cash as may be determined by the Company. The RSU shall be fully vested on January 15, 2016. The RSU is vested as to 0 shares on January 15, 2012.

Remarks:

/s/B. Lynne Parshall 01/17/2012

** 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.