FORM 4

UNITED S

Washington, D.C. 20549

STATES SE	CURITIES	AND EXCHANGE	COMMISSION

OMB APPROVAL

OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Form: Direct (D) or Indirect

(I) (Instr. 4)

Securities Beneficially

Owned Following

Indirect Beneficial

Ownership

(Instr. 4)

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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

1. Name and Address of Reporting Person

(First)

CA

(State)

Instruction 10.

2855 GAZELLE COURT

1. Title of Security (Instr. 3)

Jenne Kyle

(Last)

(Street)

(City)

CARLSBAD

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

2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer **IONIS PHARMACEUTICALS INC** [IONS] (Check all applicable) Director 10% Owner Officer (give title Other (specify 3. Date of Earliest Transaction (Month/Day/Year) below) below) (Middle) 01/02/2025 EVP, Chf GL Pdt Str Ofer 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) 92010 1 Form filed by One Reporting Person Form filed by More than One Reporting (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction 2A. Deemed 4. Securities Acquired (A) or 5. Amount of 7. Nature of 6. Ownership

Disposed Of (D) (Instr. 3, 4 and 5)

Price

Reported Transaction(s) (Instr. 3 and 4) (A) or (D) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Amount

Transaction

Code (Instr.

8)

Code

Execution Date,

if any (Month/Day/Year)

(Month/Day/Year)

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/Year)	Code (ansaction of (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ive ies ed ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- Qualified Stock Option (right to buy)	\$34.69	01/02/2025		A		18,700		01/02/2026 ⁽¹⁾	01/01/2035	Common Stock	18,700	\$0.0	18,700	D	

Explanation of Responses:

1. Grant on 01/02/2025 to reporting person of stock options under the Ionis Pharmaceuticals, Inc. 2020 Equity Incentive Plan. Following this transaction, the option was exercisable as to 0 shares on 01/02/2025. 25% of the shares subject to the option will vest and become exercisable in 36 equal monthly installments over the next 3 years.

> By: Patrick R. O'Neil, attorneyin-fact For: Kyle Jenne

01/03/2025

** 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.