SEC Form 4	
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Instruction 1(b)

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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

1L										
	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response:	0.5								

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					0	r Seci	1011 30(11)		Investment	COII	Ipany Act o	51 1940						
1. Name and Address of Reporting Person* Schneider Eugene					2. Issuer Name and Ticker or Trading Symbol IONIS PHARMACEUTICALS INC [IONS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 2855 GAZELLE COURT						3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024								X Officer below)	(give title	cal De	Other (s below)	pecify
(Street) CARLSBAD CA 92010				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	5. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	itate)	(Zip)		Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Tal	ble I - Nor	n-Deriv	vativ	ve Se	curitie	s Ac	quired, D)isp	posed o	f, or Bei	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action 2A. Deemed Execution Date Jay/Year) if any (Month/Day/Ye		n Date	Code (Instr. 5)				Securitie Beneficia Owned F	Securities For Beneficially (D)		Direct I Indirect E str. 4) 0	7. Nature of ndirect Beneficial Ownership		
							Code	/	Amount	mount (A) or (D) F		Transact				Instr. 4)		
			Table II - I						uired, Dis s, options					Owned				
1. Title of Derivative Security (Instr. 3)	Conversion Date Execution Date, T or Exercise (Month/Day/Year) if any C			ransaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun 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)	\$52.87	01/02/2024			A		27,200		01/02/2025 ⁽¹	I) (01/01/2034	Common Stock	27,200	\$0.0	27,200	0	D	

Explanation of Responses:

1. Grant on 01/02/2024 to reporting person of stock options under the Ionis Pharmaceuticals, Inc. Amended and Restated 2011 Equity Incentive Plan. Following this transaction, the option was exercisable as to 0 shares on 01/02/2024. 25% of the shares subject to the option will vest and become exercisable on 01/02/2025. Thereafter, the remaining 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, attorney-01/04/2024 in-fact For: Eugene Schneider Date

** Signature of Reporting Person

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.