FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549													0	/IB APPROV	/AL		
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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
transac contrac the pur securiti to satis conditio	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 Instruction 10.																
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Devers Shannon L.					IONIS PHARMACEUTICALS INC [IONS]							Director 10% Owner					
(Last)	ast) (First) (Middle) 855 GAZELLE COURT				3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025							below)	(give title Other (s below) hief Human Resources C				
2855 GA																	
(Street) CARLSBAD CA 92010				4.	Line)									p Filing (Check Applicable ne Reporting Person ore than One Reporting			
(City)	(S	(Zip)		Person													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transa Date (Month/E					Execution Date			e, Transaction Disposed Code (Instr. 5)		ies Acquired (A) or Of (D) (Instr. 3, 4 ar		5. Amour Securitie Beneficia Owned F	s Form ally (D) o following (I) (Ir	orm: Direct I) or Indirect I (Instr. 4) (7. Nature of ndirect Beneficial Ownership		
								Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
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/Yea	Code				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)	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		22,000		01/02/2026 ⁽¹⁾	01/01/2035	Common Stock	22,000	\$0.0	22,000	D			

Explanation of Responses:

1. Grant on 01/02/2025 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 01/02/2025. 25% of the shares subject to the option will vest and become exercisable on 01/02/2026. 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-01/03/2025

in-fact For: Shannon L. Devers

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.

^{**} Signature of Reporting Person Date