FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

							wasn	lington, D.C. 20	J549				ON	B APPRO\	/AL	
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									OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		n	
transac contrac the pur securiti to satis	chase or sale of ies of the issue ify the affirmativ ons of Rule 10b	pursuant to a written plan for of equity r that is intended ve defense														
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol						5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Devers Shannon L.					IONIS PHARMACEUTIČALS INC [IONS]							Director 10% Owner				
(Last)	, , , , , , ,				3. Date of Earliest Transaction (Month/Day/Year)							below)	er (give title Other (specify w) below) Chief Human Resourses Ofc			
2855 GAZELLE COURT																
(Street) CARLSBAD CA 92010			92010	4.	Line)						pint/Group Filing (Check Applicable led by One Reporting Person led by More than One Reporting					
(City) (State) (Zip)																
		Tal	ole I - Non-D	erivativ	ve Se	curitie	s Ao	cquired, Di	sposed o	f, or Ber	neficiall	y Owned				
Date				Γransactio te onth/Day/Υ	Execution Date			Code (Instr. 5)				5. Amour Securitie Beneficia Owned F	s Form ally (D) o following (I) (Ir	n: Direct In r Indirect Enstr. 4) C	7. Nature of ndirect Beneficial Dwnership	
								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/Year)	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)	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)	\$ 40.85	09/29/2024		A		15,040		09/29/2025 ⁽¹⁾	09/28/2034	Common Stock	15,040	\$0.0	15,040	D		

Explanation of Responses:

1. Grant on 09/29/2024 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 09/29/2024. 25% of the shares subject to the option will vest and become exercisable on 09/29/2025. 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-10/01/2024

in-fact For: Shannon L. Devers

**	Signaturo		ortina	Dorcon	Date
	Signature	or Rep	oning	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.