Instruction 1(b).

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

STATEMENT	OF CH	ANGES	IN E	BENE	FICIAL

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average b	ourden							
hours per response:	0.5							

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*  MEYER MELODY B					2. Issuer Name <b>and</b> Ticker or Trading Symbol AbbVie Inc. [ ABBV ]									ck all app	icer (give title		rson(s) to Is		
(Last) (First) (Middle) 1 N. WAUKEGAN ROAD						3. Date of Earliest Transaction (Month/Day/Year) 05/06/2022								Office below			Other ( below)	specify	
(Street) NORTH CHICAG	- 11	6	0064		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc Line)	Form	dual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(St	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3enef	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,				es Acquired (A) o Of (D) (Instr. 3, 4				ties Fo cially (D Following (I)		n: Direct or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount (A)		or P	rice	Transaction(s) (Instr. 3 and 4)				(11341.4)	
Common Stock, \$0.01 par value 05			05/06/	/2022		A		1,421(1)	1,421 <sup>(1)</sup> A		\$ <mark>0</mark>	12,523			D				
	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)	Executi if any	ion Date,	4. Transa Code ( 8)	(Instr.	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		tr.	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, \$0.01 par value  Table II - De (e.  1. Title of Derivative Security (Instr. 3)  Conversion or Exercise Price of Derivative Price of Derivative Security (Instr. 3)			Date (Month/Date (	2022 ive Set 1ts, catter 4. Transa Code (	Exe if ar (Mo	ties / warra 5. Nu of Deriv Secu (A) o Dispo of (D) (Insti	Acquants, umber vative irities irred r oosed ) 1. 3, 4	Transa Code (8) Code  A  ired, E  optior  6. Date  Expirati (Month/	V Dispo NS, C Exercion Day/Yo	Amount  1,421 <sup>(1)</sup> Disposed of, Convertibutes and the ear)	(A) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	or PAA  enefic curiti e and unt of rities rity (Insulative cor Numb	\$0 sially es)  8. Dr. Se (Irr. Irr. Irr. Irr. Irr. Irr. Irr. Irr	Securit Benefic Owned Report Transa (Instr. :	9. Nu deriv Secu Bene Owne Follo Trans	wing  s)  imber rative rities rficiall ed ed yrted sactio	wing (I) (III s) imber of rative unities efficially ed wing orted saction(s)	Form: Direct (D) or Indirect (I) (Instr. 4)  Imber of rative pricties efficially ed wing or led saction(s)	

## **Explanation of Responses:**

1. These are restricted stock units awarded under the AbbVie Amended and Restated 2013 Incentive Stock Program (the "Program"). They will be paid, on a one-to-one basis, in shares of AbbVie common stock on the earlier of the date of the director's separation from service, death, or the occurrence of a change in control (as defined in the Program).

Steven L. Scrogham, attorneyin-fact for Melody B. Meyer

\*\* Signature of Reporting Person Date

**OWNERSHIP** 

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.