FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

 .,	-

OMB APPROVAL 3235-0287 OMB Number: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden

hours per response:

0.5

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

1. Name and Address of Reporting Person*  SALEKI-GERHARDT AZITA					2. Issuer Name <b>and</b> Ticker or Trading Symbol AbbVie Inc. [ ABBV ]									k all appli Directo	applicable) rector		ng Person(s) to Issuer  10% Owner		
(Last) 1 N. WA	(First) (Middle) VAUKEGAN ROAD					3. Date of Earliest Transaction (Month/Day/Year) 11/04/2020									Officer (give title below)  EVP, O		Other (spe below) perations		вреспу 
(Street) NORTH CHICAGO IL 60064					4. If Amendment, Date of Original Filed (Month/Day/Year) 11/06/2020									dividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(S	tate) (	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)				Exe ) if ar	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a			and 5) Securiti		es Fo ially (D) Following (I)		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
											Amount	Amount (A) or (D) Pric		•	Transaction(s) (Instr. 3 and 4)				(111301.4)
Common Stock, \$0.01 par value 11/04/20				2020	020			М		4,800	A	\$24	2082 118,6		3,667		D		
Common Stock, \$0.01 par value 11/04/				11/04/2	2020				S		4,800	D	\$9	3.61	113,867		D		
Common Stock, \$0.01 par value														2,027(1)			I	Profit Sharing Trust	
Common Stock, \$0.01 par value															3,8	373 <sup>(2)</sup>			By Spouse
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
			Transa Code (l	ransaction ode (Instr.		of		Exerci on Da Day/Ye		and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		E	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amo or Num of Shar	ber					
Option (Right to	\$24.2082	11/04/2020			M			4,800	02/18/2	012	02/17/2021	Common	4,8	00	\$0	0		D	

## **Explanation of Responses:**

- 1. Balance in AbbVie Savings program as of November 10, 2020.
- 2. The reporting person disclaims beneficial ownership of all securities held by her spouse.
- $3.\ Employee stock\ option\ granted\ pursuant\ to\ the\ AbbVie\ 2013\ Incentive\ Stock\ Program\ in\ a\ transaction\ exempt\ from\ Section\ 16\ under\ Rule\ 16b-3.$

## Remarks:

This form is amended to report an exercise of options followed by a sale of shares. The previously filed form, due to an administrative error, only reported the sale of shares. This transaction occurred pursuant to a previously adopted plan complying with Rule 10b5-1(c).

Steven L. Scrogham, attorney-

in-fact for Azita Saleki-

11/12/2020

**Gerhardt** 

\*\* 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.