FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

- 1								
	OMB APPROVAL							
	OMB Number:	3235-0104						
	Estimated average burden							
	hours per response	e: 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*  Roberts Rebecca B  2. Date of Event Requiring Statement (Month/Day/Year) 05/04/2018			nent	3. Issuer Name and Ticker or Trading Symbol AbbVie Inc. [ ABBV ]								
(Last) 1 NORTH WA	(First)	(Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) NORTH CHICAGO (City)	IL (State)	60064 (Zip)				Officer (give title below)	Other (spe below)	cify		cable Line) Form filed by	/Group Filing (Check y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)  3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ct (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common stock, \$0.01 par value						0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	3. Title and Amount of Secu Underlying Derivative Secu		ity (Instr. 4) Conve		rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratio Date	n Title	•	Amount or Number of Shares	Price of Deriva	tive	Direct (D) or Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

Steven L. Scrogham, attorney in fact for Rebecca B. Roberts

05/07/2018

\*\* Signature of Reporting 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 5 (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.