FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | |
|--------------------------|---------------------------------------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |
| | OMB Number: Estimated average burd | | | | | | |

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* RAPP EDWARD J | | | | 2. Issuer Name and Ticker or Trading Symbol AbbVie Inc. [ABBV] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|--|--|---|------------------|---|-----|--|---|-----|---------------------------|--|---|---|--|--|---|--|---|
| KAFF EDWARD J | | | | | | | | - | - | | | | | X | Directo | or | | 10% Ov | vner |
| (Last) (First) (Middle) 1 N. WAUKEGAN ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2016 | | | | | | | | | Officer below) | r (give title) | | Other (s below) | specify |
| (Street) NORTH CHICAG | GO IL | , (| 60064 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ine) | , | | | | |
| (City) | (St | tate) (| Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date | | | Code (Instr. 5) | | | red (A) or str. 3, 4 a | and Securiti Benefic | | ies For ially (D) Following (I) (| | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Pric | , т | ransac | ction(s) 3 and 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 I if any (Month/Day | Date, T | ransa Code (I | ransaction ode (Instr. | | mber rative rities ired r osed) : 3, 4 i) | 6. Date Exer Expiration D (Month/Day/ | ate | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | Deriv Secu (Insti | B. Price of Derivative Gecurity Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | Amount or Number Of Code V (A) (D) Exercisable Date Title Shares | | | | | | | | | | | | | | | | |
| Stock Equivalent Units | \$0 ⁽¹⁾ | 09/30/2016 | | | A | | 519 | | (1) | | (1) | Common Stock | 519 | \$63 | 3.07 | 9,720 ⁽²⁾ |) | D | |

Explanation of Responses:

- 1. Director fees credited to a stock equivalent unit account under a grantor trust established by the director and paid, in cash, generally at age 65 or upon retirement from the board. The stock equivalent units earn the same return as if the fees were invested in AbbVie stock.
- 2. Balance includes stock equivalent units acquired pursuant to a dividend reinvestment feature.

Steven L. Scrogham, attorneyin-fact for Edward J. Rapp

10/04/2016

** 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.