FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | | | |
| l | Estimated average burden | | | | | | | | | |
| l | 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* <u>Schumacher Laura J</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol AbbVie Inc. [ABBV] | | | | | | | | k all applica Director | able) | p Perso | on(s) to Issu | wner |
|--|---|--|--|-------|-----------|---|---|-------|--|--------|--------------------|-----------------|--------------------------------|--|---|--|---------------|--|--|
| (Last) (First) (Middle) 1 N. WAUKEGAN ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/14/2013 | | | | | | | | | below) | er (give title w) VP, Bus.Dev.,E | | Other (s below) .Aff.&GC | · · |
| (Street) NORTH CHICAGO IL 60064 | | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi _ine) X | ′ | | | | |
| (City) | (5 | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Ta | ble I - No | n-Der | ivativ | ve S | ecurities | s Acc | quired, | Dis | 1 | | | | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | 3. Transaction Code (Instr.) 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | | ed (A) or str. 3, 4 aı | and 5) Securitie Beneficia Owned F | | s Illy ollowing | Form | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) (D) | Pric | e | Reported Transacti (Instr. 3 a | tion(s) | | | (Instr. 4) |
| Common stock, \$0.01 par value 02/14/ | | | | | | /2013 | | A | | 71,230 | (1) A | . \$0 | 0.00 | 279 | 9,325 | | D | | |
| Common stock, \$0.01 par value 02/19/ | | | | | | 2013 | | F | | 15,02 | 4 E | \$3 | \$37.58 26 | | 4,301 | | D | | |
| | | | Table II - | | | | | | | | osed of | | | | wned | | | | • |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day) | ate, | Code (Ins | | | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | of Securities | | ties ng e Securit | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | . v | (A) | | Date Exercisal: | | Expiration Date | Title | Amour or Numbe of Sha | mber | | (Instr. 4) | on(s) | | |
| Option (right to buy) ⁽²⁾ | \$35.88 | 02/14/2013 | | | A | | 145,510 | | 02/14/201 | .4 | 02/13/2023 | Common stock | 145,5 | 10 | \$0 | 145,51 | 10 | D | |

Explanation of Responses:

- 1. These securities represent performance vested restricted stock awards under the AbbVie 2013 Incentive Stock Program. The awards have a 5-year term, with no more than 1/3 of the award vesting in any one year upon AbbVie reaching a minimum return on equity target. The awards include the right to have stock withheld for tax purposes.
- 2. Employee stock option granted pursuant to the AbbVie 2013 Incentive Stock Program in a transaction exempt from Section 16 under Rule 16b-3. The option becomes exerciseable in annual increments of 48,504 on 02/14/2014, 48,503 on 02/14/2015, and 48,503 on 02/14/2016.

<u>Steven L. Scrogham, attorney-in-fact for Laura J. Schumacher</u>

02/19/2013

** 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 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.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$