FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| OMB APPROVAL             |     |  |  |  |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028     |     |  |  |  |  |  |  |  |  |  |  |
| 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* Alpern Robert J |  |            |            | 2. Issuer Name <b>and</b> Ticker or Trading Symbol AbbVie Inc. [ ABBV ] |   |  |    |   |  |        |                   |                 | check all a   |  | ing Pe   | rson(s) to Iss        |                                       |  |                                       |
|--|--|------------|------------|---|---|--|----|---|--|--------|-------------------|-----------------|---|--|--|-----------------------|---------------------------------------|--|---------------------------------------|
| (Last) (First) (Middle) 1 N. WAUKEGAN ROAD               |  |            |            |   | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2022 |  |    |   |  |        |                   |                 |   |  | Offi<br>bel                                    | cer (give title<br>w) | •                                     | Other (s<br>below)   | specify                               |
| (Street)<br>NORTH<br>CHICAC                              |  |            | 60064      |   | 4. If   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |    |   |  |        |                   |                 | Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |                       |                                       |  |                                       |
| (City)   | (Si  |            | (Zip)      |   | <u> </u>  |  |    |   |  |        |                   |                 |   |  |  |                       |                                       |  |                                       |
|  |  |            | e I - Non- |   |   |  |    |   | <u> </u>   |        | isp               |                 | -   |  |  |                       |                                       |  |                                       |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D  |  |            |            |   | Execution Date,   |  |    | ·,   7                                      | 3. Transaction Code (Instr. 3, 4) 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) |        |                   |                 |   | nd Secu<br>Bene                        | icially<br>d Following                         | Forn<br>(D) c         | n: Direct<br>or Indirect<br>nstr. 4)  | 7. Nature of Indirect Beneficial Ownership (Instr. 4)                    |                                       |
|  |  |            |            |   |   |  | G  | Code V                                      | <i>,</i>   | Amount | Amount (A) or (D) |                 | Trans   | action(s)<br>3 and 4)                  | ction(s)                                       |                       | (IIIsu. 4)                            |  |                                       |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |            |            |   |   |  |    |   |  |        |                   |                 |   |  |  |                       |                                       |  |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)      | perivative Conversion Date Execution Date, lecurity or Exercise (Month/Day/Year) if any  |            |            | ate, T  | ransaction of Code (Instr. Derivative                       |  |    | vative<br>rities<br>nired<br>r<br>osed<br>) | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)                                   |        |                   |                 | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secur<br>(Instr. 3 and 4)   |  | 8. Price<br>Derivati<br>Security<br>(Instr. 5) |                       | re<br>es<br>ally<br>g<br>d<br>tion(s) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|  |  |            |            |   | code  | v  |    |   | Date<br>Exer   |        |                   | piration<br>ate | Title   | Amount<br>or<br>Number<br>of<br>Shares |  |                       |                                       |  |                                       |
| Stock<br>Equivalent<br>Units                             | \$134.21   | 09/30/2022 |            |   | A   |  | 55 |   |  | (1)    |                   | (1)             | Common<br>Stock   | 55                                     | \$134.2  | 8,598                 | 3(2)                                  | D  |                                       |

## **Explanation of Responses:**

- 1. Director fees credited to stock equivalent unit accounts under grantor trusts established by the director at Abbott Laboratories and AbbVie. The stock equivalent units in the Abbott account will be paid, in cash, generally at age 65 or upon retirement from Abbott's board, and the stock equivalent units in the AbbVie account will be paid, in cash, generally at age 65 or upon retirement from AbbVie's board. The stock equivalent units in each account 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 Robert J. Alpern

10/04/2022

\*\* 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.