FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average bu	urden								
-	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 $\overset{\star}{}$ Reents Scott $\overset{\star}{}$					2. Issuer Name <b>and</b> Ticker or Trading Symbol AbbVie Inc. [ ABBV ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) 1 N. WA	(Fi UKEGAN I	•	(Middle)			3. Date of Earliest Transaction 02/23/2024				(Mont	Month/Day/Year)			X Officer (give title Other (specify below)  EVP, CHIEF FINANCIAL OFFICER				
(Street) NORTH CHICAC	GO II	,	60064		4.	If Amer	ndme	nt, Date	of Origir	nal File	ed (Month/Da	ay/Year)	Line	e) <mark>X</mark> Form fi	led by One	Filing (Check A Reporting Pers te than One Rep	on	
(City)	(S	tate)	(Zip)		_   R	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst						ant to a conti						
		Tab	le I - N	on-Deri	ivativ	e Sec	curit	ies Ac	quire	d, Di	sposed o	f, or Be	neficial	y Owned				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				2A. Deemed Execution Date, if any (Month/Day/Year)				s Acquired (A) or of (D) (Instr. 3, 4 and 5)		Securitie Benefici Owned F	5. Amount of Securities For Beneficially (Downed Following (I)		7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)		(Instr. 4)	
Common Stock, \$0.01 par value 02/23/2			/2024			M		14,140	A	\$61.36	41,	,205	D					
Common Stock, \$0.01 par value 02/23/20			/2024			S		14,140	D	\$177.44	27,065		D					
Common Stock, \$0.01 par value 02/28/20				/2024	24		F		11,634	D	\$178.9	9 15	,431	D				
		•	Table II								posed of, convertil			Owned				
1. Title of Derivative Security (Instr. 3)	Perivative Conversion Date Execution Date, if any			saction e (Instr.  Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title an of Securiti Underlyin Derivative (Instr. 3 ar		ng e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)						
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares					
Option (Right to buy) <sup>(2)</sup>	\$61.36	02/23/2024			M			14,140	02/16/	2018	02/15/2027	Common Stock	14,140	\$61.36	17,380	) D		

## **Explanation of Responses:**

- 1. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$177.41 to \$177.55, inclusive. The reporting person undertakes to provide AbbVie Inc., any security holder of AbbVie Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote
- 2. Employee stock option granted pursuant to the AbbVie Amended and Restated 2013 Incentive Stock Program in a transaction exempt from Section 16 under Rule 16b-3.

T.O. Odutayo, attorney-in-fact for Scott T. Reents

03/01/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.