FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL OMB Number: 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* RAPP EDWARD J | | | | | 2. Issuer Name and Ticker or Trading Symbol AbbVie Inc. [ABBV] | | | | | | | | Relationship heck all appl X Direct | icable) | Person(s) to Is | |
|--|--------------------|------------|---------------|-----------------------------------|---|------|-----|--|---|--|-----------------|---|---|---|--|---|
| (Last) (First) (Middle) 1 N. WAUKEGAN ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2016 | | | | | | | | Office below | r (give title) | Other below) | (specify |
| (Street) NORTH CHICAC | | | 50064 Zip) | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | ne) X Form Form | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date | | | | Transaction ate Month/Day/Y | Execution Date, | | | Code (II | Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5) | | | | Benefic | ies ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | V | Amount | nount (A) or (D) | | Tranca | ction(s) | | (| | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| Derivative Conversion or Exercise (Month/Day/Year) Execution Date, if any | | | | Code | nsaction of E | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | piration ite | Title | Amount or Number of Shares | | | | |
| Stock Equivalent Units | \$0 ⁽¹⁾ | 12/31/2016 | | A | | 523 | | (1) | | (1) | Common Stock | 523 | \$62.62 | 10,331 ⁽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

01/04/2017

** 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.