FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
-------------	------	-------	--

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response: 0									

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

Name and Address of Reporting Person* Stewart Jeffrey Ryan				2. Issuer Name and Ticker or Trading Symbol AbbVie Inc. [ABBV]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Tomography Check (Specify Specify S						
(Last) (First) (Middle) 1 NORTH WAUKEGAN ROAD						3. Date of Earliest Transaction (Month/Day/Year) 05/12/2020									below SVP, U	v) `` US Comm	ercia	below)	- 1
(Street) NORTH CHICAC	GO IL	6	60064	4	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person					on
(City)	(St	ate) (2	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			2. Transaction Date (Month/Day/Ye	Execution Date,		3. Transaction Code (Instr. 8)		tion [4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			nd 5) Secur Benef		icially d Following	Forn (D) c	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Со	de	v /	Amount	(A) or (D)	Price	Transa		action(s) 3 and 4)		4)	(1130.4)
Common Stock, \$0.01 par value 05/12/2				05/12/202	0		5	S		23,024	D	\$90.002	22 ⁽¹⁾	52,760		D			
Common Stock, \$0.01 par value														1,338 ⁽²⁾			I	By spouse in trust	
	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	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) Security Secur				5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3, and 5)	Expiration Date (Month/Day/Year)				Amo Secu Unde Deriv	le and unt of rities erlying vative rity (Instr. 14)	Der Sec		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V (A) (D)				Date D) Exercisab		Expiration Date	ı Title	Amount or Number of Shares						

- 1. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$90.00 to \$90.01, 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. The reporting person disclaims beneficial ownership of all securities held by his spouse.

Remarks:

This sale was made pursuant to a previously adopted plan complying with Rule 10b5-1(c).

Steven L. Scrogham, attorneyin-fact for Jeffrey R. Stewart

05/12/2020

** 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.