1. Name and Address of Reporting Person
   AUSTIN ROXANNE S
   1 N. WAukegan Road
   NORTH CHICAGO IL 60064

2. Issuer Name and Ticker or Trading Symbol
   AbbVie Inc. [ ABBV ]

5. Relationship of Reporting Person(s) to Issuer
   Director
   10% Owner

3. Date of Earliest Transaction (Month/Day/Year)
   05/08/2020

4. If Amendment, Date of Original Filed
   05/12/2020

6. Individual or Joint/Group Filing (Check Applicable Line)
   Form filed by One Reporting Person
   Form filed by More than One Reporting Person

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### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock, $0.01 par value</td>
<td>05/08/2020</td>
<td></td>
<td></td>
<td>A(1)</td>
<td>2,333 A $0(1)</td>
<td>119,447 D</td>
<td></td>
</tr>
</tbody>
</table>

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### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

**Explanation of Responses:**

1. These are restricted stock units awarded under the AbbVie 2013 Incentive Stock Program (the “Program”). They will be paid, on a one-to-one basis, in shares of AbbVie common stock on the earlier of the date of the director's separation from service, death, or the occurrence of a change in control (as defined in the Program).

Steven L. Scroggham, attorney-in-fact for Roxanne S. Austin
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).


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.