FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. 20549 |
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| Check this box if no longer subject to | STATEMENT |
|--|------------|
| Section 16. Form 4 or Form 5 obligations may continue. See | |
| Instruction 1(b). | Filed purs |

OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Hart Brett J | | | | 2. Issuer Name and Ticker or Trading Symbol AbbVie Inc. [ABBV] | | | | | | | | 5 (0 | Rela Check X | tionship of Reporting all applicable) Director | | ng Person | Person(s) to Issuer 10% Owne | | | |
|--|--|------|-----------|---|---|--|---------|------------------|--|-------|---|-------|--------------------|--|----------------------|---|---|--------------------------------------|---|----------|
| (Last) (First) (Middle) 1 N. WAUKEGAN ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/04/2018 | | | | | | | | | | Office below | er (give title v) | | Other below) | (specify | | |
| (Street) NORTH CHICAG | o ^{IL} | (| 60064 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | on | | |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | 1-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/E | | | | Day/Year) Exec | | 2A. Deemed Execution Date, f any (Month/Day/Year) | | Code (| Transaction Disposed (Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, | | | 4 and Se Be Ov | | 5. Amount of Securities Beneficially Owned Following Reported | | ership Direct Idirect (. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (1130.4) |
| Common stock, \$0.01 par value | | | | 05/04/2018 | | | | A ⁽¹⁾ | | 1,899 | 9 A | | \$0 | (1) | 7,643 | | Г |) | | |
| | 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) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of | ount nber res | | | | | | |

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. Scrogham, attorneyin-fact for Brett J. Hart

05/07/2018

** 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.