FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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

	STATEMENT	OF	CHANGES	IN BENEFI	CIAL	<b>OWNERS</b>	HIP
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP						014/11	
	STATEMENT	OF	CHANGES	IN BENEFI	CIAI	OWNERS	HIP
		<b>U</b> .	CHANCE	DE		OTTITLING	

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per respons	e: 0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person* <u>AUSTIN ROXANNE S</u>					2. Issuer Name and Ticker or Trading Symbol AbbVie Inc. [ ABBV ]  3. Date of Earliest Transaction (Month/Day/Year)							(Ch	eck all app X Direc	licable) tor	ng Per	rson(s) to Is	vner				
(Last) (First) (Middle)					5/202		Hallo	action (n	VIOITUI	Day/Teal)				below	r (give title		Other (s below)	spесіту			
1 N. WA	UKEGAN 1	ROAD			4. If A	Amend	ment,	Date o	f Origina	al Filed	d (Month/Da	y/Year	-)		6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X Form filed by One Reporting Person Form filed by More than One Reporting						
NORTH CHICAC	GO IL	6	0064												Person						
(City)	(Sta	ate) (7	Zip)		Rul	Rule 10b5-1(c) Transaction Indication															
(City)	(30	(Z	.ip <i>)</i>			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Table	I - Non	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficia	lly Own	ed					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Exec ay/Year) if any		Deemed cution Date, ly nth/Day/Year)				es Acquired (A Of (D) (Instr. 3,			d Securit Benefic Owned	eficially ned Following		n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
					Code	v	Amount	(A) (D)	or	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)						
Common Stock, \$0.01 par value			05/05/2023					A		1,450(1)	I	A \$0		0 35,933			D				
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	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/D		Code (Instr. 8)		of Deriv	r osed ) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/\)		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Date Exercis	able	Expiration Date	tion Title Amou		ber									

## **Explanation of Responses:**

1. These are restricted stock units awarded under the AbbVie Amended and Restated 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 Roxanne S. Austin

\*\* 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.