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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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|---|--------------------------|-----|
| | Estimated average burden | |
| | hours per response: | 0.5 |
| L | | |

| 1. Name and Addre | ess of Reporting Perso <u> XANNE S</u> | n* | 2. Issuer Name and Ticker or Trading Symbol <u>AbbVie Inc.</u> [ABBV] | | tionship of Reporting Perso all applicable) Director | n(s) to Issuer 10% Owner | |
|------------------------------|---|----------|---|------------------------|---|-----------------------------|--|
| (Last) 1 N. WAUKEG | (First) AN ROAD | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/03/2019 | | Officer (give title below) | Other (specify below) | |
| (Street) NORTH CHICAGO | DRTH II. 60064 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| (City) | (State) | (Zip) | | | | | |

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------|---|--------|---------------|---------------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (11311.4) |
| Common Stock, \$0.01 par value | 05/03/2019 | | A ⁽¹⁾ | | 2,419 | A | \$0 ⁽¹⁾ | 40,614 | 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) | | Conversion or Exercise Price of Derivative | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

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).

| <u>Steven L. Scrogham, attorney-</u> <u>in-fact for Roxanne S. Austin</u> | <u>05/07/2019</u> |
|--|-------------------|
| | |

** 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.