FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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* SALEKI-GERHARDT AZITA						2. Issuer Name and Ticker or Trading Symbol AbbVie Inc. [ABBV]									eck all applic	cable) or	oorting Person(s) to Issuer 10% Owner title Other (specify		ner
(Last) (First) (Middle) 1 N. WAUKEGAN ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/14/2013									X Officer (give title Other (specify below) SVP, Operations					
(Street) NORTH CHICAC	TH II. 60064					4. If Amendment, Date of Original Filed (Month/Day/Year)									S. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	•	(Zip)		<u> </u>														
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				action	ction 2A. Deemed Execution Date,			3. Transa Code (ction	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			(A) or	5. Amou Securitie Benefici	nt of es ally Following	Form:	Direct of Endirect Etr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	Transaci (Instr. 3	tion(s)			Instr. 4)
Common stock, \$0.01 par value 02/14				/201	2013		A		36,480	(1)	A	\$0.00	61	,668	D				
Common stock, \$0.01 par value 02.				02/19)/2013				F		421		D	\$37.5	8 61,247			D	
Common stock, \$0.01 par value														1,6	44 ⁽²⁾		I s	Profit haring rust	
Common stock, \$0.01 par value															11	.0 ⁽³⁾		1 1	By pouse
		-	Table II -								osed of, converti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercis Expiration Date (Month/Day/Yea		е	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		s Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V	v	(A)		Date Exercisa		Expiration Date	Title		Amount or Number of Shares					
Option (right to	\$35.88	02/14/2013		A			74,520		02/14/20	14	02/13/2023	Common stock 74,		74,520	\$0	74,520		D	

Explanation of Responses:

- 1. These securities represent performance vested restricted stock awards under the AbbVie 2013 Incentive Stock Program. The awards have a 5-year term, with no more than 1/3 of the award vesting in any one year upon AbbVie reaching a minimum return on equity target. The awards include the right to have stock withheld for tax purposes.
- 2. Balance in the AbbVie Savings Program as of February 14, 2013.
- 3. The reporting person disclaims beneficial ownership of all securities held by her spouse.
- 4. Employee stock option granted pursuant to the AbbVie 2013 Incentive Stock Program in a transaction exempt from Section 16 under Rule 16b-3. The option becomes exerciseable in annual increments of 24,840 on 02/14/2014, 24,840 on 02/14/2015, and 24,840 on 02/14/2016.

Steven L. Scrogham, attorney-

in-fact for Azita Saleki-

02/19/2013

Gerhardt

** 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.