FORM 4

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

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Washington	DC2	0549	

OIVIB APPROVAL								
OMB Number:	3235-0287							
Estimated average	e burden							

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1(c). Se	ee Instruction 1	0.																			
1. Name and Address of Reporting Person* GONZALEZ RICHARD A				2. Issuer Name <b>and</b> Ticker or Trading Symbol AbbVie Inc. ABBV							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
GUNZALEZ RICHARD A					[ 122 . 12 . 122 . ]							V	Direc	tor		10% Ov	vner				
													V	Office below	er (give title		Other (s	specify			
(Last)	(Fir	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year)							EX		') IVE CHA	IRM A	, ,	OARD			
1 N. WAUKEGAN ROAD					09/30/2024								152	ALCO I	IVE CHA	IIXIVIZ	AN OF D	OARD			
(Street)					4. If A	Amend	ment,	Date of	f Origina	l Filed	i (Month/Da	y/Year)	)			Joint/Grou	p Filing	g (Check A	pplicable		
NORTH	. IL	6	0064											Line)  Form filed by One Reporting Person							
CHICAC	60	· ·												V	Form filed by One Reporting Person  Form filed by More than One Reporting						
(City)	(St	ate) (2	Zip)												Perso		ie tilai	Tone Nept	orang		
(Oity)	(00			n Dorive	tivo (	Sagu	rition	Λοσ	uirad	Dia	oosed of	0 r P	Pana	l Fisiall	ly Own						
			1 - 1101			1				ופוט		-			_						
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		3. 4. Securities Acqui Disposed Of (D) (In Code (Instr. 8)				Securit Benefic Owned	Securities For Beneficially (D)		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)								
								Code	v	Amount	(A) (D)	or F	rice	Transa	action(s) 3 and 4)			(111501. 4)			
Common Stock, \$0.01 par value 09/30				09/30/	2024	2024		G		5,243	D		\$ <mark>0</mark>	441,356			D				
Common Stock, \$0.01 par value 0			09/30/	2024				G		15,729	29 D		\$ <mark>0</mark>	0 425,627			D				
Common Stock, \$0.01 par value 09/30/			2024			G		36,698 D		\$ <mark>0</mark>	0 388,929			D							
		Tal									osed of, o				Owned	t					
1. Title of Derivative Security (Instr. 3)	perivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any				ransaction ode (Instr.			6. Date   Expirati (Month/	on Da			8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				C		v	(A)	(D)			Expiration Date	Title	Amou or Numb of Share	per							

**Explanation of Responses:** 

/s/ T.O. Odutayo, Attorney-in-10/02/2024 Fact for Richard A. Gonzalez

\*\* 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.