FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | $D \subset$ | 20549 | |
|--------------|-------------|-------|--|
| vasilligion, | D.C. | 20349 | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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

| Name and Address of Reporting Person* Gosebruch Henry O | | | | 2. Issuer Name and Ticker or Trading Symbol AbbVie Inc. [ABBV] | | | | | | | | | 5. Relationship of Reporting Person(s) to Iss (Check all applicable) Director 10% Ow Officer (give title Other (s) | | | | | |
|---|---|--|---------|---|--|---|---|--------------------------------|--------|---|---|-----------------------------------|---|--|--|--|---------------------------------------|---|
| (Last) 1 N. WA | (Fir UKEGAN 1 | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/07/2021 | | | | | | | | belov | <i>I</i>) | below) Strategy Officer | | r |
| (Street) NORTH CHICAC | GO IL | 6 | 0064 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secui | rities Acq | uired, | Dis | posed of | , or E | Benef | icially | y Own | ed | | | |
| 1. Title of S | Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, ar) if any (Month/Day/Year) | | | | Disposed (| ies Acquired (A) or Of (D) (Instr. 3, 4 an | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | v | Amount | (A) (D) | or P | rice | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common | Stock, \$0.0 | 1 par value | | 09/07/ | 2021 | 2021 | | G | V | 30,000 | Ι |) | \$ <mark>0</mark> | 18 | 8,711 | | D | |
| Common | nmon Stock, \$0.01 par value | | 09/07/ | 9/07/2021 | | | | V | 30,000 | A | 1 | \$ <mark>0</mark> | 78 | ,500(1) | | I | In trust | |
| Common Stock, \$0.01 par value | | | | | | | | | | | | | 3,289(2) | | I | | Profit sharing trust | |
| | | Tal | | | | | ties Acqu varrants, | | | | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | med on Date, Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 6. Date Expirati (Month/ | | le and 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | 8. 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) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

- 1. The reporting person is trustee of a trust established for the benefit of his children. The reporting person disclaims beneficial ownership of all securities held by the trust.
- 2. Balance in AbbVie Savings program as of September 8, 2021.

<u>Steven L. Scrogham, attorney-</u> <u>in-fact for Henry O.</u> <u>09/10/2021</u>

Gosebruch

** 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.