FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| heck this box if no longer subject to ection 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* LIDDY EDWARD M | | | | 2. Issuer Name and Ticker or Trading Symbol AbbVie Inc. [ABBV] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|--|--|--|--|---|--|---------|---------|--|--------|-----------|---|---|--|----------------------------------|-----------------------|---|--|--|
| LIDDY | EDWAL | <u>KD M</u> | | | | | | | | | | | | X | Direct | or | | 10% O | wner |
| (Last) (First) (Middle) 1 N. WAUKEGAN ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2016 | | | | | | | | | Office below | r (give title) | | Other (sbelow) | specify | |
| (Street) NORTH CHICAC | GO IL | . (| 60064 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | i. Indivi | ' | | | | |
| (City) | (Si | tate) (| Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ar) E | 2A. Deer Execution f any (Month/I | on Date | Code (I | Transaction Disposed Of (D) (Instr. 3, 4 | | | | 4 and Secu Bene Own | | ially Following | Form (D) o | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pric | . 1 | Reporte Transac (Instr. 3 | rted saction(s) . 3 and 4) | | | | |
| | 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. Deeme Execution if any (Month/Day | Date, | Code (Ir | | | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | e and 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price Derivati Security (Instr. 5) | | | y Ow Foi Dir or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | opiration | Title | Amoun or Numbe of Shares | 1 | | | | | |
| Stock Equivalent Units | \$0 ⁽¹⁾ | 03/31/2016 | | | A | | 603 | | (1) | | (1) | Common stock | 603 | \$5 | 57.12 | 15,459 ⁽²⁾ |) | D | |

Explanation of Responses:

- 1. Director fees credited to stock equivalent unit accounts established by the director at Abbott Laboratories and AbbVie. The stock equivalent units in the Abbott account will be paid, in cash, generally at age 65 or upon retirement from Abbott's board, and the stock equivalent units in the AbbVie account will be paid, in cash, generally at age 65 or upon retirement from AbbVie's board. The stock equivalent units in each account earn the same return as if the fees were invested in AbbVie stock.
- 2. Balance includes stock equivalent units acquired pursuant to a dividend equivalent reinvestment feature.

Steven L. Scrogham, attorney-04/04/2016 in-fact for Edward M. Liddy

Date

** 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.