1. Name and Address of Reporting Person* | FREYMAN THOMAS C
---|---
| (Last) (First) (Middle) | 1 N. WAUKEGAN ROAD
| (Street) | NORTH CHICAGO IL 60064

2. Date of Event Requiring Statement (Month/Day/Year) | 05/08/2020

3. Issuer Name and Ticker or Trading Symbol | AbbVie Inc. [ ABBV ]

4. Relationship of Reporting Person(s) to Issuer (Check all applicable)
   - X Director
   - 10% Owner
   - Officer (give title below)
   - Other (specify below)

5. If Amendment, Date of Original Filed (Month/Day/Year)

6. Individual or Joint/Group Filing (Check Applicable Line)
   - X Form filed by One Reporting Person
   - Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 4)</th>
<th>2. Amount of Securities Beneficially Owned (Instr. 4)</th>
<th>3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock, $0.01 par value</td>
<td>114,759</td>
<td>D</td>
</tr>
<tr>
<td>Common Stock, $0.01 par value</td>
<td>4,000(1)</td>
<td>I</td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 4)</th>
<th>2. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)</th>
<th>4. Conversion or Exercise Price of Derivative Security</th>
<th>5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>6. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date Exercisable</td>
<td>Expiration Date</td>
<td>Title</td>
<td>Amount or Number of Shares</td>
<td></td>
</tr>
</tbody>
</table>

Explanation of Responses:
1. The reporting person disclaims beneficial ownership of these securities.

Steven L. Scrogham, attorney-in-fact for Thomas C. Freyman 05/12/2020
** 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 5 (b)(v).


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.