FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| • | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | | |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| l | nd Address of | Reporting Person* | | | At | <u>bVi</u> | e Inc | <u>.</u> [A | cker or Tra | | | | | | ck all appli | cable) | ng Per | son(s) to Iss | ner |
|--|---|--|--|-------|---|---|-------|-------------------|--|---------|---|--|-----------------|---|---|---|--|--|---------------------------------------|
| (Last) | (Fi | st) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2023 | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | |
| 1 N. WAUKEGAN ROAD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | X | | , | • | orting Person n One Repo | |
| CHICAG | 11 60064 | | | | .lo 1 | OhE | 1/0 | \ Trop | | ion Ind | | Person | | | | | | | |
| (City) | (City) (State) (Zip) | | | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to | | | | | | | | | | | | | |
| | satisfy the affirmative defense conditions of Rule 10b5-1(c). See | | | | | | | | | | | | | | | | | | |
| | | | e I - Nor | | | _ | | | <u> </u> | Dis | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ar) Ex | A. Deemed xecution Date, any //onth/Day/Year | | Transaction Dispo | | Dispose | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | 5. Amou Securitie Benefici Owned F Reported | es For ally (D) Following (I) (| | ownership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | nount (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | | msu. 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. Deemed Execution Date, if any (Month/Day/Year | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | [S | 3. 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) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | or Nur of | mber ares | | | | | |
| Stock Equivalent Units | \$154.97 | 12/31/2023 | | | A | | 250 | | (1) | | (1) | Common | 2. | 50 | \$154.97 | 25,266 ⁽ | (2) | D | |

Explanation of Responses:

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

T.O. Odutayo, Attorney-in-Fact 01/03/2024 for Edward J. Rapp

** 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.