FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	DVAL						
l	OMB Number:	3235-0287						
l	Estimated average burden							
l	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

1. Name and Address of Reporting Person* <u>Gosebruch Henry O</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol AbbVie Inc. [ ABBV ]									Check	all app	olicable) ctor	g Person	Person(s) to Issuer  10% Owner Other (specify	
(Last) 1 N. WA	Last) (First) (Middle) N. WAUKEGAN ROAD					3. Date of Earliest Transaction (Month/Day/Year) 07/31/2017									X	belov	Officer (give title Other (spelow)  Chief Strategy Officer			
(Street) NORTH CHICAGO  IL 60064  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									ine)	idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Tabl	e I - Nor	า-Deriv	ative	Se	curiti	es Ac	quired,	Dis	posed o	f, or	Ben	efici	ally (	Dwne	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ar)   i	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Securi Benefi Owner		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(,	A) or D)	Price	- 1		action(s) 3 and 4)			(Instr. 4)
Common stock, par value \$0.01 07/31/3					/2017	)17		S		100	$\top$	D	\$70.37		83,637		D			
Common	Common stock, \$0.01 par value 07/31/					017		S		200		D	\$70.45		83,437		D			
Common stock, \$0.01 par value															1,369		I		Profit sharing trust <sup>(1)</sup>	
		Та	ble II - I								sed of, onvertib					/ned		,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date, Transa Code			of Deri Seci Acq (A) of Disp	osed ) r. 3, 4	6. Date Expiration (Month/D	on Date	Amount of		ount nber	-		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Dire or In (I) (II	ership i: et (D) direct str. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

1. Balance in AbbVie Savings Program as of July 31, 2017.

## Remarks:

Form 2 of 2

Steven L. Scrogham, attorneyin-fact for Henry O. Gosebruch

08/02/2017

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).