FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number:	3235-0287						
Estimated average burden							
nours per response:	0.5						
	Estimated average b						

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* ALBAN CARLOS						2. Issuer Name and Ticker or Trading Symbol AbbVie Inc. [ABBV]							(Che	5. Relationship of Repor (Check all applicable) Director Officer (give tit			10%	Ssuer Owner (specify	
(Last) (First) (Middle) 1 N. WAUKEGAN ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/14/2013								EVP, Commercial Operations						
(Street) NORTH CHICAG	O IL		60064		4.	If Ame	endment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)											r cisuil					
		Та	ble I - N	on-Dei	rivativ	ve Se	curities	s Ac	quire	d, Di	sposed o	f, or Be	neficially	/ Owned					
Date			//Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed 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			
									Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and				(Instr. 4)	
Common stock, \$0.01 par value			02/14	4/2013	3			A		56,700(1)) A	\$0.00	169,621		D				
Common	ommon stock, \$0.01 par value		02/19	9/2013				F		9,826	D	\$37.58	159,795		D				
Common stock, \$0.01 par value												40,442	<u>0</u> (2)	I	:	Maria Cristina Alban 2007 Declaration of Trust			
			Table II								posed of, converti			Owned					
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)		4. Transaction Code (Instr. 8)				6. Date Exerci Expiration Da (Month/Day/Yo		ite	7. Title and of Securit Underlyin Derivative (Instr. 3 and	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Followi Report	tive ties cially l ing	10. Ownersi Form: Direct (I or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A) (E	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4				
Option (right to buy) ⁽³⁾	\$35.88	02/14/2013			A		115,830		02/14/2014		02/13/2023	Common stock	115,830	\$0 115,		,830	D		

Explanation of Responses:

- 1. These securities represent performance vested restricted stock awards under the AbbVie 2013 Incentive Stock Program. The awards have a 5-year term, with no more than 1/3 of the award vesting in any one year upon AbbVie reaching a minimum return on equity target. The awards include the right to have stock withheld for tax purposes.
- 2. Held in the Maria Christina Alban 2007 Declaration of Trust. The reporting person's spouse is trustee of the trust. The trust is revocable by his spouse. The reporting person disclaims beneficial ownership of these securities.
- 3. Employee stock option granted pursuant to the AbbVie 2013 Incentive Stock Program in a transaction exempt from Section 16 under Rule 16b-3. The option becomes exerciseable in annual increments of 38,610 on 02/14/2014, 38,610 on 02/14/2015, and 38,610 on 02/14/2016.

Steven L. Scrogham, attorneyin-fact for Carlos Alban 02/19/2013

** 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.