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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

l	OMB APPRC	DVAL					
	OMB Number:	3235-0287					
l	Estimated average burd	en					
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 ar	2. Issuer Name and Ticker or Trading Symbol AbbVie Inc. [ABBV]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
<u>Quaggin Susan E</u>															Directo	or		10% Ov	vner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/31/2024										Officer below)	give title		Other (s below)	specify	
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 Form filed by One Reporting Person					
NORTH			60064											Form filed by More than One Reporting Person						
					Rule 10b5-1(c) Transaction Indication															
(City)	(9)	tate)	(Zip)																	
	City) (State) (Zip)		עיי <i>יי)</i>			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is interesting satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												that is intende	ed to	
		Tab	le I - Non	-Deriva	ative				quired,	Dis	1	-		-	Ownee	b				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execut			n Date	e, Transaction Disposed Of Code (Instr. 5)			ities Acquired (A) or d Of (D) (Instr. 3, 4 an			Beneficially Owned Followir		Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	unt (A) or (D) F		e	Reported Transact (Instr. 3	ction(s)			(Instr. 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)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D S (I	. Price of erivative ecurity nstr. 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 Exercisable		xpiration ate	Title	Amour or Numbe of Shares	ər						
Stock Equivalent	\$182.1	03/31/2024			А		82		(1)	T	(1)	Common Stock	82	T	\$182.1	147 ⁽²⁾	,	D		

Explanation of Responses:

Units

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 04/02/2024

for Susan E. Quaggin

** 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.