FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APF	PROVAL
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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* Myszkowski Kenneth Allen					2. Issuer Name and Ticker or Trading Symbol ARROWHEAD PHARMACEUTICALS,								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
						INC. [ARWR]								Officer	r (give title		Other (s	· I	
	AKE AVEN	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/19/2018								below)	Chief Financial		below) Officer			
SUITE 1050						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) PASADE	ENA C	A	91101												Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(S	tate)	(Zip)		-									Person					
		Tal	ole I - No	n-Der	ivativ	e Se	curi	ties Ac	quired	, Dis	sposed of	f, or Ber	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date				Execution Date,		Execution Date, f any		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			nt of es ally Following	Form	: Direct I r Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)			
Common Stock 06/19/2				9/2018	2018		M		20,000	A	\$2.01	330	,815 D		D				
Common Stock 06/19/2				9/2018	2018		S ⁽¹⁾		20,000	D	\$14.01	310,	,815 ⁽³⁾		D				
			Table II	Deriv (e.g.,	ative puts,	Sec , call	uriti Is, w	es Acq	uired, I s, optio	Disp	osed of, convertib	or Bene le secu	ficially rities)	Owned		,		4	
Derivative Conversion Date Execu Security or Exercise (Month/Day/Year) if any			3A. Deeme Execution if any (Month/Da	Date, Trans		nsaction of Deri		umber ivative urities uired or posed D) (Instr. and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal	able	Expiration Date	Title	Amount or Number of Shares						
Stock Option (right to	\$2.01	06/19/2018			М			20,000	06/01/201	13 ⁽⁴⁾	05/06/2023	Common Stock	20,000	\$0.00	288,00	00	D		

Explanation of Responses:

- 1. Open market sale pursuant to a 10b5-1 trading plan adopted by the Reporting Person in accordance with Rule 10b5-1 of the Securities Exchange Act of 1934, as amended.
- 2. The price reported on Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$14.00 to \$14.05, inclusive. The reporting person undertakes to provide to Arrowhead Pharmaceuticals, Inc., any security holder of Arrowhead Pharmaceuticals, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote of this Form 4.
- 3. Includes previously reported shares of common stock underlying Restricted Stock Units granted to the Reporting person which are subject to certain vesting conditions.
- 4. Represents first vesting date. Option vests over four years from date of grant.

Remarks:

/s/ Ken Myszkowski

06/20/2018

** 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.