FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL									
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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).

## 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

Name and Address of Reporting Person*     Anzalone Christopher Richard						2. Issuer Name and Ticker or Trading Symbol ARROWHEAD PHARMACEUTICALS, INC. [ ARWR ]										all app	ship of Reporting F applicable) rector fficer (give title elow) Chief Executiv		10% C	wner
(Last) (First) (Middle) 225 S. LAKE AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 03/16/2018									X	belov			Other (specify below)  ve Officer	
SUITE 10	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applica					Applicable				
	Street) PASADENA CA 91101														X	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (Disposed Of (D) (Instr. and 5)					3, 4 Sec Ber Ow		amount of urities neficially ned		Ownership rm: Direct or lirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	Amount		(A) or (D)	Price		Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(111301. 4)				
Common Stock 03/16/20						018			<b>S</b> <sup>(1)</sup>		26,000		D	\$7.4	1,9		58,789(3)		D	
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)	ive Conversion Date y or Exercise (Month/Day/Year) if any		Code (Ir	ransaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amou or Numb of Title Share		ount			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **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. The sale was made to generate proceeds to cover the tax liability incident to the vesting of restricted stock units.
- 2. The price reported on Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$7.40 to \$7.41, 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 a total of 1,186,000 shares underlying restricted stock units that may be earned based on the achievement of certain performance goals. If the performance goals are not met within the required time periods, the awards will be forfeited in part or in whole.

## Remarks:

/s/ Chris Anzalone 03/16/2018

\*\* 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.