Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

3..., 1

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

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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					<u>A</u>	2. Issuer Name and Ticker or Trading Symbol ARROWHEAD PHARMACEUTICALS, INC. [ARWR] 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2019								eck all applic Directo Officer	all applicable) Director Officer (give title		p Person(s) to Issuer 10% Owner Other (specify	
	Last) (First) (Middle) 177 E. COLORADO BLVD SUITE 700													C.	below) below) Chief Financial Officer			
(Street) PASADE (City)			91105 (Zip)		_ 4.	. If Amendment, Date of Original Filed (Month/Day/Year)						Line	dividual or J) K Form fi Form fi Person	1				
1. Title of Security (Instr. 3) 2. T Dat		2. Trans	saction			Transaction Disposed O		es Acquired (A) or Of (D) (Instr. 3, 4 and 5)		5. Amou Securitie Beneficie Owned F	Amount of 6. Courities Forman (D) vned Following (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)	
Common Stock			11/0	1/2019	•			М		37,884	A	\$7.75	351,420			D		
Common Stock			11/0	11/01/2019				S ⁽¹⁾		21,264	D	\$40.56	0.56 ⁽²⁾ 330,156			D		
Common Stock 11/0			11/0	1/2019	2019		S ⁽¹⁾		16,620	D	\$41.21	313	,536		D			
			Table II								osed of, convertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	onversion Date r Exercise (Month/Day/Year) rice of erivative		ution Date, T		4. Transaction Code (Instr. 8)		n of l		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. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares					
Stock Option (right to	\$7.75	11/01/2019			М			37,884	04/06/20:	15 ⁽⁴⁾	03/06/2025	Common Stock	37,884	\$0.00	162,11	16	D	

Explanation of Responses:

- 1. These shares were sold pursuant to a 10b5-1 trading plan.
- 2. The price reported on Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$40.00 to \$41.00, 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. The price reported on Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$41.01 to \$41.54, 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.
- 4. Represents first vesting date. Option vested over four years from date of grant.

Remarks:

/s/ Ken Myszkowski

11/01/2019

** 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.