FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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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

OMB APPROVAL									
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1 Indiric and Address of Reporting Leson			2. Issuer Name and Ticker or Trading Symbol ARROWHEAD PHARMACEUTICALS,		ationship of Reporting Pers (all applicable)	son(s) to Issuer
Anzaione Ch	<u>ristopner</u>	Richard	INC. [ARWR]	X	Director	10% Owner
(Last)	(First)	(Middle)		X	Officer (give title below)	Other (specify below)
225 S. LAKE A	VENUE	· · · ·	3. Date of Earliest Transaction (Month/Day/Year) 12/19/2018		Chief Executive	Officer
SUITE 1050						
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	/idual or Joint/Group Filing	g (Check Applicable
PASADENA	CA	91101		X	Form filed by One Repo	Ū.
					Form filed by More thar Person	n One Reporting
(City)	(State)	(Zip)				
		Table I - Non-Deriva	ative Securities Acquired, Disposed of, or Benefi	cially	Owned	

2. Transaction 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 1. Title of Security (Instr. 3) 2A. Deemed 5. Amount of 6. Ownership 7. Nature Date Execution Date. Transaction Securities Form: Direct of Indirect if any (Month/Day/Year) (Month/Day/Year) Code (Instr Beneficially (D) or Indirect Beneficial 8) Owned Following (I) (Instr. 4) Ownership Reported (Instr. 4) Transaction(s) (A) or (D) Price Code ν Amount (Instr. 3 and 4) **S**⁽¹⁾ 12/19/2018 1,542,455(3) Common Stock 90,000 \$13.92(2) D 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Ex		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 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)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

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 \$13.92 to \$13.99, 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 333,333 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

** Signature of Reporting Person

12/21/2018

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.

Date