FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours ner resnons | e 0.5 | | | | | | | | |

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* <u>Lu Hongbo</u> | | | | | AR | 2. Issuer Name and Ticker or Trading Symbol ARROWHEAD PHARMACEUTICALS, INC. [ARWR] | | | | | | | | 5. Relationship of Reportin (Check all applicable) X Director | | | 10% O | wner |
|--|---|------------|-------|--------------------------------------|---------------------------------------|--|--------|--|--|---|--|---|--|---|---|-------------|--|--|
| (Last) (First) (Middle) 177 E. COLORADO BLVD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/18/2024 | | | | | | | | | ficer (give title low) | Other (spe | | specify |
| SUITE 7 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) PASADE | ENA C | A 9 | 1105 | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) (2 | Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | contract, ir | struction or writ | ten plan | that is inter | nded to |
| | | | | | | | | tions of Rule 10 | | | | | | | | | | |
| | | Table | I - N | on-Deriva | tive S | Secui | rities | Acc | quirec | l, Dis | sposed of | , or Be | enefici | ally Ov | /ned | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N | | | | | . | Execution | | on Date, Tran | | ction Instr. | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | d 5) Sec Ben Ow | mount of urities eficially ned Following | Form: | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | v | Amount | (A) or (D) | Price | Trai | orted nsaction(s) tr. 3 and 4) | | | |
| Common Stock 03/18/20 | | | | |)24 | | | | P | | 1,000 | A | \$27.4 | 9(1) | 31,680 | | D | |
| Common Stock 03/19/20 | | | | | 024 | | | | P | | 1,000 | A | \$28 | 3 | 32,680 | | D | |
| Common Stock 03/20/20 | | | | | 024 | | | | P | | 1,000 | A | \$27. | 5 | 33,680 | | 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 | | Execu | eemed ution Date, th/Day/Year) | | saction (Instr. Derivative Securitie Acquired (A) or Disposed of (D) (Instr. 3, and 5) | | vative irities uired or osed) r. 3, 4 | 6. Date Exercisal Expiration Date (Month/Day/Year) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | 8. Price Derivativ Security (Instr. 5) | e derivative | y OF D O (I | 0. Ownership form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | | Amount or Number of Shares | | | | | |

Explanation of Responses:

1. The price reported on Column 4 is the weighted average price. These shares were purchase in multiple transactions at prices ranging from \$ 27.48 to \$ 27.50, inclusive. The reporting person undertakes to provide to 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.

Remarks:

/s/Hongbo Lu

** Signature of Reporting Person

03/20/2024

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.