FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

	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

Name and Address of Reporting Person* A produce Christopher Dichard					2. Issuer Name and Ticker or Trading Symbol ARROWHEAD PHARMACEUTICALS,									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Anzalone Christopher Richard					INC. [ARWR]								X Director			10% C	wner					
(Last)	(Fi	rst) (Middle)											X	Office belov	er (give title v)		Other below)	(specify			
225 S. LAKE AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 01/01/2018								Chief Executive Officer									
SUITE 1050					01/	01/01/2010																
,					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street) PASADE	INA CA	١ (91101											'	Line) X Form filed by One Reporting Person							
	INA CA	1 3	71101													Form filed by More than One Reporting Person						
(City)	(St	ate) (Zip)													F 613	OII					
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Acc	quired	, Dis	posed o	of, o	r Bene	eficia	ally	Owne	ed					
Date				2. Transa Date (Month/D	Execution Da		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				and 5) Secu Bene Own		cially d Following	Form (D) or	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D)	Price	•	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 0					01/01/2018				A		500,000(1)		A	\$0.00		2,294,789 ⁽²⁾			D			
		Та									osed of, onvertib				y Ov	vned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	n Date, Trans Code		action of Der Sec (A) Dis of (sed . 3, 4	6. Date Exerc Expiration D (Month/Day/		e	7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)			Deriv Secu	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	wnership orm: irect (D) r Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	ount nber res					

Explanation of Responses:

- 1. Represents the maximum number of shares underlying a restricted stock unit that may be earned based on the achievement of four predetermined performance goals related to the advancement of the Company's clinical and preclinical programs and business development that must be achieved within three years. If the performance goals are not met within the required time periods, the award will be forfeited in part or in whole.
- 2. Includes a total of 1,838,000 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/Christopher Anzalone

01/03/2018

** 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.