FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| l | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|
| | OMB Number: 3235-0 | | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | | | | | 1 | | NI | | | -C | O:l | | | T _E | Dalas | | f D | D(-) t | | |
|--|---|--|--|----------------------|------------------------------|---|---|--|---|-----|--|---|-------------|----------------|---|---|---|---|---------------------------------------|--|
| 1. Name and Address of Reporting Person* | | | | | | | 2. Issuer Name and Ticker or Trading Symbol ARROWHEAD RESEARCH CORP | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| <u>Ferrari</u> | <u>Mauro</u> | | ARWR] | | | | | | | | | X | Direc | tor | 109 | 6 Owner | | | | |
| (Last) (First) (Middle) | | | | | | AKWK J | | | | | | | | | | Office | er (give title v) | Oth bel | er (specify | |
| , , | ` | , | • | ONI | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | | , | | , | |
| ARROWHEAD RESEARCH CORPORATION 225 SOUTH LAKE AVENUE, SUITE 1050 | | | | | | | 10/09/2013 | | | | | | | | | | | | | |
| 223 300 | ITI LAKE | AVENUE, SUIT | E 1030 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | - 3 | | | , | - , | | ine) | | · | • | | |
| PASADE | ENA C | A 9 | 1101 | | | | | | | | | | | | X | | • | e Reporting P | | |
| | | | | | | | | | | | | | | | | Form Pers | | e than One F | eporting | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | efici | ally C | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Da | | | 3. Transa Code (I 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | Securi Benefi | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | | |
| | | | | | | | | | Code | v | Amount | (/ | A) or D) | Price | | Transa | action(s) 3 and 4) | | (iiisti. 4) | |
| Common Stock 10/09/2 | | | | | | | 2013 | | P | | 1,900 | | Α | \$6.19 | | 3,851 | | D | | |
| Common Stock 10/28/2 | | | | | | | 2013 | | P | | 400 | | Α | \$7.6176 | | 4,251 | | D | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Ow | ned | | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | n Date, ray/Year) | 4. Transa Code (8) | (Instr. Deriva Securi Acquii (A) or Dispo: of (D) (Instr. and 5) | | rative rities ired r osed) | 6. Date Exercisable an Expiration Date (Month/Day/Year) Date Expiratie Expiratie Exercisable | | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount nber | unt Der | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirect (I) (Instr. | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

Mauro Ferrari

01/14/2015

** 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.