FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasilington,	D.C.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
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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

Name and Address of Reporting Person* Anzalone Christopher Richard					2. Issuer Name and Ticker or Trading Symbol ARROWHEAD PHARMACEUTICALS,								Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Mizatone Christopher Mehard				INC	<u>C.</u> [A	RWF	₹]						X	X Director			10% O	·		
(Last)	(Fir	rst) (N	/liddle)												Office below	er (give title v)		Other (s	specify	
177 E. COLORADO BLVD				3. Date of Earliest Transaction (Month/Day/Year)								Chief Executive Officer								
SUITE 700					00/2	06/25/2020														
					4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable					
(Street)														Line)	Form	filed by On	o Don	ortina Doro		
PASADE	ENA CA	A 9	1105											X		Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(St	ate) (Z	ip)			Person										ii One ivepi	Jitilig			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (Acquired (A) or f (D) (Instr. 3, 4 and 5		or and 5)	5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									Code V		Amount	(A) or (D)	Pric	е	Transa	nsaction(s) tr. 3 and 4)			(111501.4)	
Common Stock 06/25/20)20		S ⁽¹⁾		99,977	D	\$38	\$38.81(2)		2,605,260		D				
Common Stock 06/25/20				020			S ⁽¹⁾		23	D	\$3	\$39.55		2,605,237		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1 Title of	2	2 Transposion	24 De	· • · ·		, v			·					Ť	Dring of	0 Number	of /	10	11 Noture	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, h/Day/Year)	4. Transa Code (8)		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Dei Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amou or Numb of Share	er						

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. These shares were sold in multiple transactions at prices ranging from \$38.46 to \$39.45, 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.

Remarks:

/s/Christopher Anzalone

06/26/2020

** 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.