## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Form filed by One Reporting Person

Form filed by More than One Reporting

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	• • • • • • • • • • • • • • • • • • • •	pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940	Estimated average burden hours per response: 0.			
1. Name and Address of Reporting Person <sup>2</sup> Waddill William D.		2. Issuer Name and Ticker or Trading Symbol <u>ARROWHEAD PHARMACEUTICALS</u> , <u>INC.</u> [ ARWR ]		ionship of F all applicab Director Officer (gi <sup>v</sup> below)	ve title	n(s) to Issuer 10% Owner Other (specify below)
(Last) (First) ( 177 E. COLORADO BLVD SUITE 700	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/01/2021		Delow)		belowy
		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi Line)	dual or Joir	ıt/Group Filing (C	Check Applicable

(Street)	<b>C</b> 1	01105
PASADENA	CA	91105
(City)	(State)	(Zip)

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following	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	01/01/2021		A		9,000(1)	A	\$0.00	34,000	D	
Common Stock	01/04/2021		S		3,750	D	<b>\$76.08</b> <sup>(2)</sup>	30,250	D	

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(**3*, **	,	, .		,					,			
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 Deriv	r osed ) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Titl Amou Secur Unde Deriv Secur 3 and	int of rities rlying ative rity (Instr.	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. Represents shares underlying a restricted stock unit, which shares will vest in one installment on the first anniversary of the grant date.

2. The price reported on Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$75.86 to \$76.32, 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/William Waddill

\*\* Signature of Reporting Person

01/05/2021

Х

Person

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