FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## \*\*\*Committeen, D.C. 20040

	_
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	ОМВ
	⊏ctim

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

**OMB APPROVAL** 

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*     Myszkowski Kenneth Allen							2. Issuer Name and Ticker or Trading Symbol ARROWHEAD PHARMACEUTICALS, INC. [ ARWR ]										of Reporting able) r (give title	) Pers	on(s) to Issu 10% Ow Other (s	ner	
(Last) 225 S. L. SUITE 1	AKE AVEN	(First) (Middle) VENUE				3. Date of Earliest Transaction (Month/Day/Year) 02/19/2019										below)	nief Finar	ncial	below) Officer		
(Street) PASADE (City)			91101 (Zip)		4.1	f Ame	endme	nt, Date	of C	Priginal Fi	iled	(Month/Da	y/Year)		Line	) 【 Form fi	ed by One	Repo	(Check App irting Person One Report		
		Tab	le I - Noi	n-Deri	vativ	e Se	curit	ties A	cqu	iired, C	Disp	osed o	f, or B	ene	ficiall	y Owned					
Date				saction	ear)	2A. Deemed Execution Date, if any (Month/Day/Year		"	3. Transact Code (In 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amour Securitie Beneficia Owned F	s ally following	Form (D) o	r Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount	(A) (D)	or	Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)	
Common Stock 02/19/						2019				М		8,000	) /	1	\$5.2	313	313,607		D		
Common	Stock			02/1	19/201	9				S <sup>(1)</sup>		8,000	) [		\$18(2	305	,607	)7 D			
		-	Гable II -									sed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,		Transaction Code (Instr.		ivative urities urited or cosed O) tr. 3, 4	Exp	oate Exerc piration D pnth/Day/	ate	le and 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)				8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	e ercisable		xpiration ate	Title	or Nu of	Number						
Stock Option (right to buy)	\$5.2	02/19/2019		Ì	M			8,000	04/0	04/2010 <sup>(3</sup>	0	3/04/2020	Commo Stock	n 8	3,000	\$0.00	235,000	0	D		

## 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.
- 2. The price reported on Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$18.00 to \$18.01, 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.
- 3. Represents first vesting date. Option vested over four years from date of grant.

## Remarks:

<u>/s/ Ken Myszkowski</u>

\*\* Signature of Reporting Person Date

02/20/2019

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.