FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. 20549 | |
|-------------|------------|--|
|-------------|------------|--|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| 1. Name and Address of Reporting Person* GIVEN DOUGLAS B | | | | <u>A</u> | 2. Issuer Name and Ticker or Trading Symbol ARROWHEAD PHARMACEUTICALS, INC. [ARWR] | | | | | | | | | all applic | able) | g Pers | on(s) to Iss 10% O | wner | | |
|---|--|--|---|----------|--|---|--|------|--|---|------------------------|--|---|-------------------------|---|---|---|--|--|--|
| (Last) (First) (Middle) 177 E. COLORADO BLVD SUITE 700 | | | | 01 | 3. Date of Earliest Transaction (Month/Day/Year) 01/10/2023 | | | | | | | | | below) | | | below) | | | |
| (Street) PASADE | | | 91105 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | y/Year) | | . Indivine) | , | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| I I I I I I I I I I I I I I I I I I I | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disp Code (Instr. 5) | | Disposed | curities Acquired (A) osed Of (D) (Instr. 3, 4 | | | 5. Amour Securitie Beneficia Owned F Reported | s ally following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) ((D) | r Price | 9 | Transact (Instr. 3 a | ion(s) | | | (111501. 4) | | |
| Common Stock | | | | 01/10 | 10/2023 | | | | A | | 7,867 ⁽¹⁾ A | | \$0 | .00 | 0 124,135 | | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Di if any (Month/Day/ | ate, T | ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | S (I | . Price of Derivative Security Instr. 5) | derivative Securitie Beneficia Owned Following Reported | e Ow s For ally Dir or g (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | c | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | Amou or Numb of Share | er | | Transaction(s) | | " | | |
| Common Stock | \$33.03 | 01/10/2023 | | | A | | 4,593 ⁽²⁾ | | 01/10/20 | 24 | 01/10/2033 | Commor Stock | 4,59 | 3 | \$0.00 | 4,593 | 3 | D | | |

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. Represents options, which will vest in one installment on the first anniversary of the grant date.

Remarks:

/s/Douglass Given

01/11/2023

** 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.