FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasilington,	D.O.	20070

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	
In administration of the S	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Instruction 1(b)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	e conditions of ee Instruction																		
1. Name and Address of Reporting Person* <u>GIVEN DOUGLAS B</u>					2. Issuer Name and Ticker or Trading Symbol ARROWHEAD PHARMACEUTICALS, INC. [ARWR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last)	(Fi	rst) (Middle)												Office belov	er (give title v)		Other (s below)	pecify
, ,	OLORADO	O BLVD	,			te of E 6/202		Trans	action (Month	/Day/Year)								
					4. If /	Amend	ment,	Date o	of Origina	al File	d (Month/Da	y/Year)		6. Indi Line)	vidual o	r Joint/Group	p Filin	ng (Check A	oplicable
(Street) PASADE	ENA CA	A 9	91105											V		filed by Mo		oorting Perso in One Repo	
(City)	(St	tate) (Zip)												reis)II			
		Table	l - No	n-Deriva	ative \$	Secu	rities	Acq	uired	, Dis	posed of	, or E	ene	icially	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution (/Year)		eemed ition Date, h/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Instr. 5)					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficia Ownersh			
									Code	v	Amount	(A) o	r P	ice		ted action(s) 3 and 4)			Instr. 4)
Common	Stock	12/16/2			.024				S ⁽¹⁾		5,000	D(2	2) \$2	21.9(3)	124,714 ⁽⁴⁾		D		
Common	Stock			12/17/2	2024				S ⁽¹⁾		547	D ⁽²	2) \$	22.04	124	4,167 ⁽⁴⁾		D	
		Та	ble II -								osed of, convertib				Owne	d			
Security (Instr. 3) or Exer Price o Derivat	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/\)		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Di Oi (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Benefici Ownersi (Instr. 4)
					Code	v	(A) (D		Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

- 1. Shares were sold 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. Partial disposition of RSUs to satisfy tax withholding obligations.
- 3. The price reported on Column 4 is the weighted average price. These shares were sold in multiple transactions at prices ranging from \$21.64 to \$22.20, 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.
- 4. Includes previously reported shares of common stock underlying Restricted Stock Units granted to the Reporting person which are subject to certain vesting conditions

Remarks:

/s/Douglass Given

12/18/2024

** 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.