FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See 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 defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). Se	ee Instruction 1	0.																	
1. Name and Address of Reporting Person* Anzalone Christopher Richard						2. Issuer Name and Ticker or Trading Symbol ARROWHEAD PHARMACEUTICALS, INC. [ARWR]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Anzaione Christopher Richard														Director				10% Ov	vner
(Last) (First) (Middle)														1	Officer (give title below)			Other (s	specify
177 E. COLORADO BLVD					3. Date of Earliest Transaction (Month/Day/Year) 12/18/2024									Chief Executive Officer					
SUITE 700																			
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line) Form filed by One Reporting Person					
PASADENA CA 91105													Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	ity) (State) (Zip)													Person					,g
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/You				/ear) E	Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a			nd 5) Securi Benefi Owned		cially I 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 12/18/202					24	4			S ⁽¹⁾		12,653	D ⁽²⁾	\$20.	0.52 ⁽³⁾ 3,7)2,394(4)		D	
Common Stock 12/18/202				24	4			S ⁽¹⁾		8,260	D ⁽²⁾	\$21.	74 ⁽⁵⁾	3,69	3,694,134 ⁽⁴⁾		D		
Common Stock 12/18/202					24	4			S ⁽¹⁾		5,799	D (2)	\$22.	\$22.12 ⁽⁶⁾		3,688,335(4)		D	
Common Stock 12/18/202					24	.4					100,000(7)	A	\$	\$0 3,		788,335(4)		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) 1. Title of Conversion or Exercise Price of Derivative Security 2. Conversion Date (Month/Day/Year)			Exec if an			ansaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate Exer iration D nth/Day/		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec (Ins	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e rcisable	Expiration Date	Title	Amount or Number of Shares						

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 performance RSUs to satisfy tax withholding obligations. The performance RSUs were subject to a performance condition, which the Compensation Committee of the Company certified as achieved on December 17, 2024.
- 3. The price reported on Column 4 is the weighted average price. These shares were sold in multiple transactions at prices ranging from \$20.15 to \$21.11, 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.
- 5. The price reported on Column 4 is the weighted average price. These shares were sold in multiple transactions at prices ranging from \$21.18 to \$22.04, 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.
- 6. The price reported on Column 4 is the weighted average price. These shares were sold in multiple transactions at prices ranging from \$22.05 to \$22.27, 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.
- 7. Represents shares underlying restricted stock units with a grant date 12/18/24, which will vest in four equal annual installments.

Remarks:

/s/Christopher Anzalone

12/20/2024

** 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.