SEC Form 4
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# FORM 4

Check this box if no longer subject

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

to Section 16. I	Form 4 or Form 5 y continue. See		Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 or Section 30(h) of the Investment Company Act of 1940	4	Estimated hours per	average burden response: 0.5
1. Name and Addr <u>De Backer M</u> (Last) 177 E COLOR STE 700	<u>Aarianne</u> (First)	Person <sup>*</sup> (Middle)	2. Issuer Name and Ticker or Trading Symbol <u>ARROWHEAD PHARMACEUTICALS,</u> <u>INC.</u> [ ARWR ] 3. Date of Earliest Transaction (Month/Day/Year) 06/24/2021	(Check all a X Di	ship of Reporting P applicable) irector fficer (give title elow)	erson(s) to Issuer 10% Owner Other (specify below)
(Street) PASADENA (City)	CA (State)	91105 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	Line) X Fo Pe	orm filed by One Re orm filed by More th erson	
		Table I - Non-De	rivative Securities Acquired, Disposed of, or Bene	ficially Ov	wned	

## 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		r. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following		7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(1150. 4)
Common Stock	06/24/2021		S		5,000	D	<b>\$89.85</b> <sup>(1)</sup>	21,500 <sup>(2)</sup>	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 Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number on of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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. The price reported on Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$89.76 to \$90.03, 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.

2. 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/Marianne De Backer

\*\* Signature of Reporting Person Date

06/25/2021

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.