# FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

ОМ	B Number:	3235-0287								
Est	Estimated average burden									
hou	irs per response	e: 0.5								

Instruction 1(b)		or Section 30   Derson* 2. Issuer Nar   (Middle) INC. [ AI   (Middle) 3. Date of Ea   01/04/2023 4. If Amendre   91105 (Zip)	Filed pursuant to Section 16(a) of the Securities Exchange Act of 193- or Section 30(h) of the Investment Company Act of 1940	1	hours per response:				
1. Name and Address of Reporting Person* Oliver Tracie (Last) (First) (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)		ationship of Reporting Pe k all applicable) Director Officer (give title below) Chief Commerc	10% Owner Other (specify below)			
177 E. COLOF	RADO BLVD		01/04/2023		Chief Commerci	lai Officer			
SUITE 700									
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line)	vidual or Joint/Group Fili	ng (Check Applicable			
(Street) PASADENA	СА	91105		X	Form filed by One Re	porting Person			
	CA	91105			Form filed by More th Person	an One Reporting			
(City)	(State)	(Zip)			1 613011				
		Table I - Non-De	erivative Securities Acquired, Disposed of, or Bene	ficially	v Owned				

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	01/04/2023		Α		<b>500</b> <sup>(1)</sup>	Α	\$0.00	70,500 <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 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 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. Represents shares underlying a restricted stock unit, which shares will vest in four equal annual installments, with a commencement date of 1/4/23.

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/Tracie Oliver

\*\* Signature of Reporting Person Date

01/05/2023

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.