FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,

ngton, D.C. 20549	OMB APPROVA

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

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

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 10b5-
1(c). See Instruction 10.

	ee Instruction		*		2 99	suer Na	ame a	nd Tick	er or Tr	ading	Symbol			5 Rel	ationshir	of Reportin	na Perso	in(s) to Is	suer		
Name and Address of Reporting Person* Valcionar Victoria						2. Issuer Name and Ticker or Trading Symbol ARROWHEAD PHARMACEUTICALS, INC. [ARWR]								(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Vakiener Victoria</u>				1	Direc									ctor		10% Owner					
						ino.									Office	Officer (give title		Other (specify below)			
(Last) (First) (Middle)					3. Da	Date of Earliest Transaction (Month/Day/Year)								1	Delov	v)		Delow)			
	OLORAD	O BLVD			12/1	8/202	24														
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(0)					4. 17	amena	ment,	Date c	of Origin	aı File	d (Month/Da	y/ Year)	Line)	ividuai o	r Joint/Group	p Filing (спеск А	pplicable		
(Street) PASADE	ENIA C	A	91105											1	Form	filed by One	e Report	ting Pers	on		
rasadi	ENA C	A	91103												Form filed by More than One Reporting						
(C:h.)	/6	tota)	(7 :=)												Perso	on					
(City)	(8	itate)	(Zip)																		
		Tabl	e I - No	on-Deriva	ative \$	Secu	rities	Acq	uired	, Dis	posed of	, or E	3ene	ficially	y Own	ed					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)					Execution Date,		3. Transaction Disposed Of (D) (Instr. 3, 5)				Securi Benefi Owned	cially I Following	6. Own Form: I (D) or II (I) (Inst	Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership						
								Code	v	Amount	(A) (D)	or I	Price		ted action(s) 3 and 4)			(Instr. 4)			
Common	Stock			12/18/2	024		A		16,733(1)	6,733 ⁽¹⁾ A \$		\$22.99	9 37,944		D						
		Ta	able II								osed of, convertib				Owne	d			1		
Derivative Conversion		(Month/Day/Year) if any		emed 4. Transa Code (8)					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	vative derivative urity Securities		wnership orm: rect (D) Indirect (Instr. 4)	Benefic Owners t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Shar	nber							

Explanation of Responses:

1. Represents shares underlying restricted stock units, which shares will vest in one installment on the first anniversary date.

Remarks:

/s/Victoria Vakiener

** Signature of Reporting Person

12/20/2024

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.