1. Name and Address of Reporting Person *
   Hassard James
   (Last) (First) (Middle)
   177 E COLORADO BLVD
   STE 700
   PASADENA CA 91105

2. Date of Event Requiring Statement (Month/Day/Year)
   01/06/2020

3. Issuer Name and Ticker or Trading Symbol
   ARROWHEAD PHARMACEUTICALS, INC. [ ARWR ]

4. Relationship of Reporting Person(s) to Issuer (Check all applicable)
   Director
   X Officer (give title below)
   Other (specify below)
   Chief Commercial Officer

5. If Amendment, Date of Original Filed (Month/Day/Year)

6. Individual or Joint/Group Filing (Check Applicable Line)
   X Form filed by One Reporting Person
   Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned (Instr. 4)

3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

4. Nature of Indirect Beneficial Ownership (Instr. 5)

   Common Stock 125,000(1) D

Table II - Derivative Securities Beneficially Owned
   (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and Expiration Date (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

6. Nature of Indirect Beneficial Ownership (Instr. 5)

   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 beginning on January 6, 2021.

Remarks:
/S/James Hassard 01/13/2020
** 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 5 (b)(v).


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.