FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* GIVEN DOUGLAS B | | | | | AR | 2. Issuer Name and Ticker or Trading Symbol ARROWHEAD PHARMACEUTICALS, INC. [ARWR] | | | | | | | | | k all app Direc | olicable) ctor er (give title | | Person(s) to Issuer 10% Owner Other (specify | |
|---|--|--------|--|---|---|--|---|--------------------------------|---|---------|--|---------------|------------------------------------|---|---|-------------------------------------|--|--|--|
| (Last) (First) (Middle) 177 E. COLORADO BLVD SUITE 700 | | | | | 12/2 | 3. Date of Earliest Transaction (Month/Day/Year) 12/28/2021 | | | | | | | | | belov | | | below) | |
| (Street) PASADE (City) | | ate) (| 91105 Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | l - No | 1 | | _ | | | 1 | Dis | posed of | | | | | | | | |
| Da | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 4 and Securit | | ies cially Following | Form: Direct | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | (A) (D) | or Pri | ce | Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | | |
| Common Stock | | | | 12/28/2 | | | | | V | 655 | D | \$ | 0.00 | 109,213 | | | D | | |
| Common Stock | | | | 12/28/2021 | | | | P | | 655 | A \$6 | | 66.37 | 109 | 109,868(1) | | D | | |
| Common Stock | | | | | | | | | | | | | | 13,875 | | | | By Trust ⁽²⁾ | |
| Common Stock | | | | | | | | | | | | | 12,500 | | | | By Trust ⁽³⁾ | | |
| | 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) | erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of | r osed (1. 3, 4 | 6. Date Expirati (Month/ | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | or Numb of Share | | | | | | |

Explanation of Responses:

- 1. Includes previously reported shares of common stock underlying Restricted Stock Units granted to the Reporting person which are subject to certain vesting conditions.
- 2. Represents securities owned directly by Anne Given Trust ("AG Trust"). Mr. Given, as co-trustee of AG Trust, may be deemed to beneficially own the securities owned directly by AG Trust.
- 3. Represents securities owned directly by Katherine Given Ligtenberg Trust ("KGL Trust"). Mr. Given, as co-trustee of KGL Trust, may be deemed to beneficially own the securities owned directly by KGL Trust.

Remarks:

/s/ Douglass Given

12/29/2021

** 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.