FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPRO	OVAL						
OMB Number:	3235-0287						
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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).

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* Myszkowski Kenneth Allen				AF	2. Issuer Name and Ticker or Trading Symbol ARROWHEAD PHARMACEUTICALS, INC. [ARWR]								(Chec	k all app Dired	olicable)		Ssuer Owner (specify	
(Last) (First) (Middle) 225 S. LAKE AVENUE SUITE 1050				3. Date of Earliest Transaction (Month/Day/Year) 01/17/2019								^	X Officer (give title Officer (specify below) Chief Financial Officer					
(Street) PASADE (City)			91101 Zip)		4. If	Amen	dment,	Date o	of Origin	al File	d (Month/Da	ay/Year)		6. Indi Line) X	Forn	n filed by One n filed by Moi	o Filing (Check of Reporting Per re than One Re	son
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or E	Benef	icially	Owne	ed		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4)				Secur Benef	ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	Pr Pr	ice	Trans	action(s) 3 and 4)		(111341. 4)
Common Stock 01/17/20					2019		S ⁽¹⁾		81,875	81,875 D \$1		14.55 ⁽²⁾	305,607 305,607		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 of Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. Conversion of Exercise (Month/Day/Year) 5. Conversion of Exercise (Month/Day/Year) 6. Conversion of Exercise (Month/Day/Year) 6. Conversion of Exercise (Month/Day/Year)		on Date,	Code (8)	Transaction of Derivative (Instr. Sec (A) Dispose of (I		sed . 3, 4	6. Date Exercisal Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		Der Sec (Ins	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. Open market sale pursuant to a 10b5-1 trading plan adopted by the Reporting Person in accordance with Rule 10b5-1 of the Securities Exchange Act of 1934, as amended. The sale was made to generate proceeds to cover the tax liability incident to the vesting of restricted stock units.
- 2. The price reported on Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$14.28 to \$14.72, 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.

Remarks:

/s/ Ken Myszkowski

01/18/2019

** 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.