Edgar Filing: GIVEN BRUCE D - Form 4

Form 4											
February 01,		STATES	SECUR	RITIES A	ND EX(CHAI	NGE C	OMMISSION	OMB AF OMB	PROVAL	
Check this box							Number:	3235-0287			
if no long subject to Section 1 Form 4 or Form 5	Ger STATEN 6. r	GES IN BENEFICIAL OWNERSHIP (SECURITIES					Expires: January 3 20 Estimated average burden hours per response				
obligation may cont <i>See</i> Instru 1(b).	inue. Section 17(a) of the l	Public U		ling Com	ipany	Act of	e Act of 1934, 1935 or Sectior 0	1		
(Print or Type F	Responses)										
			2. Issuer Name and Ticker or Trading Symbol				g	5. Relationship of Reporting Person(s) to Issuer			
			ARROWHEAD PHARMACEUTICALS, INC. [ARWR]					(Check all applicable)			
(Last)		Middle)	3. Date of Earliest Transaction (Month/Day/Year)				Officer (give title Other (specify below) below) Chief Operating Officer				
225 S. LAK 1050	E AVENUE, SU	IIE	02/01/20	019							
	(Street) 4. If Ame Filed(Mor				te Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
PASADENA	A, CA 91101							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	curity (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
C				Code V	Amount	(D)	Price \$	(Instr. 3 and 4)			
Common Stock	02/01/2019			S <u>(1)</u>	28,500	D	13.85 (2)	870,356	D		

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

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 control number.

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 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addres	5	Relationships							
	Director	10% Owner	Officer	Other					
GIVEN BRUCE D 225 S. LAKE AVENUE SUITE 1050 PASADENA, CA 91101			Chief Operating Officer						
Signatures									
/s/ Bruce Given (02/01/2019								

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (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 price reported on Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$13.62 to \$14.14, inclusive. The reporting person undertakes to provide to Arrowhead Pharmaceuticals, Inc., any security holder of

(2) 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

**Signature of

Reporting Person