Edgar Filing: Ultragenyx Pharmaceutical Inc. - Form 4

Ultragenyx Pharmaceutical Inc. Form 4 December 24, 2015

December 24,	2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL				
Washington, D.C. 20549							Number:	3235-0287				
Check this l if no longer subject to Section 16. Form 4 or	STATEM	ENT OF	OF CHANGES IN BENEFICIAL OW SECURITIES					ERSHIP OF	Expires: Estimated a burden hour response			
Form 5 obligations may continu <i>See</i> Instruct 1(b).	ue. Section 17(a) of the F	Public Ut		ding Cor	npan	y Act of	e Act of 1934, 1935 or Section 0				
(Print or Type Res	sponses)											
			2. Issuer Name and Ticker or Trading Symbol Ultragenyx Pharmaceutical Inc.					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
[]]				(Check an applicable)				
(M			3. Date of Earliest Transaction (Month/Day/Year) 12/22/2015					Director 10% Owner Officer (give title Other (specify below) below) below) Chief Medical Officer				
			endment, Date Original onth/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				
(City)	(State) (Zip)	Tabl	e I - Non-I	Derivative	Secur	ities Acqu	uired, Disposed of,	or Beneficiall	y Owned		
	. Transaction Date Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	isposed	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common 1 Stock 1	2/22/2015			S <u>(1)</u>	498	D	\$ 114.81 (2)	13,231 <u>(3)</u>	D			

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

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

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
AGARWAL SUNIL C/O ULTRAGENYX PHARMACEUTICAL INC. 60 LEVERONI COURT NOVATO, CA 94949			Chief Medical Officer			
Signatures						
/s/ Shalini Sharp by power of attorney for Sunil Agarwal	12	/24/2015				

<u>**</u>Signature of Reporting Person

Explanation of Responses:

- * 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).
- (1) The sales reported on this Form 4 were effected pursuant to a trading plan adopted pursuant to Rule 10b5-1 under the Securities Exchange Act of 1934, as amended.

Date

(2) The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$114.55 to \$115.32 inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, 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 range.

(3) Includes previously reported shares of common stock underlying Restricted Stock Units granted to the Reporting Person, which are subject to certain vesting conditions.

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.