Ultragenyx Pharmaceutical Inc.

Form 4 June 19, 2015

# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB APPROVAL

Number: 3235-0287

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Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

may continue.

See Instruction

30(h) of the Investment Company Act of 1940

1(b).

Common

Common

Stock

Stock

06/17/2015

06/17/2015

(Print or Type Responses)

1. Name and Address of Reporting Person * Huizenga Theodore Alan			2. Issuer Name <b>and</b> Ticker or Trading Symbol Ultragenyx Pharmaceutical Inc.			5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	(First) (M	-	ARE] ate of Earlies	et Tra	unsaction	Director	10%	Owner	
C/O ULTRAGENYX PHARMACEUTICAL INC., 60 LEVERONI COURT			(Month/Day/Year) 06/17/2015			Officer (give title Other (specify below)  Controller and PAO			
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
NOVATO,	CA 94949	Filec	l(Month/Day/	Year)		Applicable Line) _X_ Form filed by Form filed by Person	One Reporting Pe More than One Re		
(City)	(State)	Zip)	Table I - No	on-De	erivative Securities Acq	quired, Disposed	of, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code		4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or	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)	

Code V

M

S

Amount (D)

D

1,500

1,500

Price

\$

(1)

94.8

\$ 21 4,000

2,500

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

D

D

#### Edgar Filing: Ultragenyx Pharmaceutical Inc. - Form 4

number.

# 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. Transactic Code (Instr. 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 21	06/17/2015		M		1,500	<u>(2)</u>	01/29/2024	Common Stock	1,500

## **Reporting Owners**

Reporting Owner Name / Address			•	
	Director	10% Owner	Officer	Other

Huizenga Theodore Alan C/O ULTRAGENYX PHARMACEUTICAL INC. 60 LEVERONI COURT NOVATO, CA 94949

Controller and PAO

Relationships

De Sec (In

## **Signatures**

/s/ Theodore A.
Huizenga
06/19/2015

\*\*Signature of Reporting Date
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).
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$94.76 to \$94.88 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.
- (2) 1/4 of the shares underlying the option vested on January 27, 2015 and then 1/48th of the underlying shares will vest monthly thereafter, provided the Reporting Person has not terminated services with the Issuer.

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.

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