FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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 OMB Number: 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* Huang Dennis Karl						2. Issuer Name and Ticker or Trading Symbol <u>Ultragenyx Pharmaceutical Inc.</u> [RARE]								neck all appl Direct	' '		son(s) to Issuer 10% Owner Other (specify		
(Last) (First) (Middle) C/O ULTRAGENYX PHARMACEUTICAL INC. 60 LEVERONI COURT						3. Date of Earliest Transaction (Month/Day/Year) 03/01/2018								^ below			below)	·	
(Street) NOVATO CA 94949					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form	orm filed by More than One Reporting erson				
(City)	(S		(Zip)		<u> </u>							, -	<u> </u>						
1. Title of Security (Instr. 3) 2. Tran Date (Month				action	ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amor	unt of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Transac	saction(s) 3 and 4)		[(Instr. 4)		
Common Stock 03/0					1/201	/2018					4,500(1) A	\$0.0	0 15,6	15,624(2)(3)		D		
Common Stock 03/01/				1/201	2018		F		205(4)	D \$4		13 15	15,419		D				
		-	Гable II -									or Bend ble secu		Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 3)		ı of		6. Date Ex Expiration (Month/Da	n Date	of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisab		expiration pate	Title	Amount or Number of Shares						
Stock Option (Right to	\$48.43	03/01/2018			A		25,000		(5)	0	3/01/2028	Common Stock	25,000	\$0.00	25,00	0	D		

Explanation of Responses:

- 1. Award of Restricted Stock Units ("RSUs") under the Company's 2014 Incentive Plan. The RSUs shall vest with respect to 1/4th of the underlying shares on each anniversary of the grant date, such that the RSUs are fully vested on the fourth anniversary of the grant date.
- 2. Includes previously reported shares of common stock underlying RSUs granted to the Reporting Person, which are subject to certain vesting conditions.
- 3. Includes 185 shares acquired under the Company's 2014 Employee Stock Purchase Plan on October 31, 2017.
- 4. Represents shares surrendered to the Issuer by the Reporting Person to pay required tax withholdings due to the vesting of RSUs.
- 5. On the first anniversary of the grant date of the option (the "Option Anniversary Date"), 1/4th of the shares initially subject to the option shall vest; thereafter, 1/48th of the shares initially subject to the option shall vest on each month as measured from the Option Anniversary Date.

Remarks:

/s/ Ruben A. Garcia, attorney-

03/05/2018

in-fact

** 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.