FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Similyton, D.C. 20049	OMB APP

	OMB APPROVAL										
	OMB Number:	3235-0287									
l	Estimated average burden										
ı	houre per reenonce.	0.5									

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

1. Name and Address of Reporting Person* <u>Parschauer Karah Herdman</u>						2. Issuer Name and Ticker or Trading Symbol <u>Ultragenyx Pharmaceutical Inc.</u> [ RARE ]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify						
	TRAGENY:	X PHARMACE	(Middle) UTICAL 1	INC.			of Earliest 2018	Trans	nsaction (Month/Day/Year)						below)		below) eneral Counsel				
60 LEVERONI COURT					_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) NOVATO CA 94949													- 1 1	Line)  X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(S	tate)	(Zip)												Persor						
		Tab	le I - Noi	n-Deriv	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or E	Bene	ficially	/ Owned						
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)					s ally ollowing (	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership							
							Code	v	Amount (		or	Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)				
Common Stock 03.				03/0	01/2018				A		7,500 <sup>(</sup>	(1) A		\$0.00	16,295(2)		D				
Common Stock 03/01				1/201	/2018		F		205(3)		D	\$48.43	16,090			D					
		-	Table II -								osed of, onvertil				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code ( 8)		of		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	O N O	lumber							
Stock Option (Right to	\$48.43	03/01/2018			A		37,000		(4)	C	3/01/2028	Comm Stock		37,000	\$0.00	37,00	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. Represents shares surrendered to the Issuer by the Reporting Person to pay required tax withholdings due to the vesting of RSUs.
- 4. 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, attorneyin-fact

03/05/2018

\*\* 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.