FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington, D.C. 20549	Vashington,	D.C.	20549
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IN BENEFICIAL OWNERSHIP

STATEMENT	OF	CHA	NGES

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response:

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* Sanders Corazon (Corsee) D.						2. Issuer Name and Ticker or Trading Symbol Ultragenyx Pharmaceutical Inc. [RARE]									nship II appli Directo	,		son(s) to Is:		
(Last)	`	,	(Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/07/2023									Other (sp. below)		specify	
C/O ULTRAGENYX PHARMACEUTICAL INC. 60 LEVERONI COURT					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)	O C.	A	94949										Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)		In.	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										led to				
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired,	Dis	posed (of, or B	eneficia	ally O	wne	d				
I			Date	Date (Month/Day/Year) Exe		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Securit Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)		т	eporte ransac nstr. 3	tion(s)			(Instr. 4)		
			06/07					A		3,860	(1) A	\$0.0	00	11,	1,055		D			
Common Stock 06/08/2				/2023	2023			S		1,485 ⁽²⁾ D \$		\$51.	.65 9,570		570	0 D				
		Ta	able II -						uired, D s, option						ned					
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. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form Direct or Ind (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	Code V		(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares							
Stock Option (Right to	\$51.82	06/07/2023			A		7,110		(3)	0	6/07/2033	Common Stock	7,110	\$0	.00	7,110		D		

Explanation of Responses:

- 1. Award of Restricted Stock Units ("RSUs") under the Company's 2014 Incentive Plan. The RSUs shall vest in full on the earlier of (i) the Company's next Annual Meeting of Stockholders or (ii) June 7,
- 2. The sales reported on this Form 4 were effected pursuant to a 10b5-1 trading plan adopted by the Reporting Person prior to February 27, 2023.
- 3. The option shall vest in full on the earlier of (i) the Company's next Annual Meeting of Stockholders or (ii) June 7, 2024.

Remarks:

/s/ Karah Parschauer, attorney-06/09/2023 in-fact

** Signature of Reporting Person

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.