FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
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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*					2. Issuer Name and Ticker or Trading Symbol Ultragenyx Pharmaceutical Inc. [ RARE ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Pinion John Richard					Stragenja i manaceatear mer [ 101101 ]									irector		10% (	Owner	
-												-		fficer (give elow)	title	Other below	(specify	
(Last)	(Fi	rst) (	Middle)		3. Date of Earliest Transaction (Month/Day/Year)								,	oo Ro	emarks	,		
C/O ULTRAGENYX PHARMACEUTICAL INC.					05/06/2019								3	ee ive	iliai K5			
60 LEVERONI COURT																		
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
(Street)													Line) X Form filed by One Reporting Person					
NOVATO	) CA	$\mathbf{A}$	94949															
					.									orm filed by erson	/ More	e than One Rep	orting	
(City)	(St	ate) (	Zip)											013011				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
			IC 1 - 140				<u>.</u>	, DIS										
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		, Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			nd Se Be Ov	Amount of curities neficially ned Follow		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)		Price	ੑ   Tra	Reported Transaction(s) (Instr. 3 and 4)			(111341.4)	
Common Stock 05/06/2					5/2019		A		1,434	(1)	A	\$0.	).00 38,613 <sup>(2)(3)</sup>		3)	D		
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)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any		4. Transactio Code (Inst 8)		Expiration Date (Month/Day/Year)			An Se Un De Se	7. Title and Amount of Securities S Underlying Derivative Security (Instr. 3 and 4)			derivat Securit	ive ies cially ing ed ction(s	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## Explanation of Responses:

1. Represents restricted stock units (RSUs) into which previously granted performance stock units were converted on May 6, 2019 upon certification of the applicable performance metric. Half of these RSUs will vest on the first anniversary of the certification date and the other half will vest on the second anniversary of the certification date.

Date

Exercisable

Expiration

Date

and 5)

(A) (D)

2. Includes previously reported shares of common stock underlying RSUs granted to the Reporting Person, which are subject to certain vesting conditions.

Code

3. Includes 461 shares acquired under the Company's 2014 Employee Stock Purchase Plan on April 30, 2019.

## Remarks

EVP of Translational Sciences and Chief Quality Officer

/s/ Karah Parschauer, attorneyin-fact 05/07/2019

Amount or Number

of Shares

Title

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.