FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20349

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

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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* AGARWAL SUNIL (Last) (First) (Middle) C/O ULTRAGENYX PHARMACEUTICAL INC. 60 LEVERONI COURT			3. D	S. Issuer Name and Ticker or Trading Symbol Ultragenyx Pharmaceutical Inc. [RARE] 3. Date of Earliest Transaction (Month/Day/Year) 10/19/2015								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Medical Officer			Owner (specify		
(Street) NOVATO)4949 Zip)		4. If	Ame	ndment	, Date (of Origina	al File	d (Month/Da	ay/Year		6. Ind Line)	Forn	n filed by One n filed by Mor	Filing (Check A Reporting Pers e than One Rep	son
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,				es Acquired (A) or Of (D) (Instr. 3, 4 a			Securi Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) (D)	or Pr	ce	Transa	action(s) 3 and 4)		(1113411 4)		
Common Stock 10/19/20				2015	015		F		392(1)	Г	\$	88.94	15	5,466 ⁽²⁾	D			
Common Stock 10/20/20			2015	015		S ⁽³⁾		649	Г	D \$85.51 ⁽⁴		1(4) 14,817(2)		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) 2. Conversion or Exercist Price of Derivative Security		Date (Month/Day/Year) if	Execution if any	xecution Date, any		4. Transaction Code (Instr. 8)		vative virities vired r oosed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (In	Price of rivative curity str. 5)	derivative Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Numb of Share					

Explanation of Responses:

- 1. Represents shares surrendered to the Issuer by the Reporting Person to pay required tax withholdings due upon vesting of Restricted Stock Units granted to the Reporting Person under the Issuers 2014 Incentive Plan. The shares surrendered were valued based on the closing price of the Issuers common stock on the vesting date.
- 2. Includes previously reported shares of common stock underlying Restricted Stock Units granted to the Reporting Person, which are subject to certain vesting conditions.
- 3. The sales reported on this Form 4 were effected pursuant to a trading plan adopted pursuant to Rule 10b5-1 under the Securities Exchange Act of 1934, as amended.
- 4. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$85.51 to \$85.55 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.

Remarks:

/s/ Sunil Agarwal

10/21/2015

v.

** 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.