FORM 5

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

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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0362						
Estimated average burden							
hours per response.	1.0						

	Holdings Repo	orted.											hou	rs per re	esponse:		1.0
Form 4	Transactions I	Reported.	Filed	d pursuant to Se or Section 3													
	nd Address of ga Theod	2. Issuer Name and Ticker or Trading Symbol <u>Ultragenyx Pharmaceutical Inc.</u> [RARE]							Check	all app	licable)	or 10 ^o		to Issuer % Owner her (specify			
(Last) (First) (Middle) C/O ULTRAGENYX PHARMACEUTICAL INC. 60 LEVERONI COURT				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020						, ,	SVP, Controller and PAO						
(Street)		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
	(Street) NOVATO CA 94949		4949									 X Form filed by One Reporting Person Form filed by More than One Reporting 					
												Form Perso		fore tha	an One F	Reporti	ng
(City)	(Sta	ate) (2	Zip)														
		Table	I - Non-Deriva	ative Secur	ities Ac	quire	d, Dis	posed	of, or	Benefic	cially	/ Own	ed				
1. Title of Security (Instr. 3)			2. Transaction	2A. Deemed	3.) or Dispos	Securitie Beneficia			6.	Ownership Form: Direct		ure of	
			Date (Month/Day/Year)	Execution Date if any	Code	action (Instr.	Of (D) (I	nstr. 3, 4	and 5)		E	Beneficia	ally	Form:	Direct	Benefi	icial
					Code		Of (D) (I		(A) or (D)	Price	— [Beneficia Owned a Issuer's	ally It end of		Direct		icial rship
Common	Stock			if any	Code 8)			i .	(A) or	Price \$0.00	E ()	Beneficia Owned a Issuer's Year (Ins 4)	ally It end of Fiscal	Form: (D) or Indire (Instr.	Direct	Benefi Owner	icial rship
Common	Stock	Tal	(Month/Day/Year) 11/06/2020 ble II - Derivat	if any (Month/Day/Yea	Code 8)	uired	Amount 93	34 osed c	(A) or (D) D	\$0.00	ally (Beneficia Owned a Issuer's Year (Ins 4)	ally at end of Fiscal str. 3 and	Form: (D) or Indire (Instr.	ct (I)	Benefi Owner	icial rship

Date

(D)

Expiration

Explanation of Responses:

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

Remarks:

/s/ Karah Parschauer, attorneyin-fact 02/03/2021

or Number

** 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.