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

| <i>N</i> ashington, | D.C. | 20549 | |
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| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
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| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
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| hours per response: | 0.5 | | | | | | | | | |

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>Ekman Lars</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Ultragenyx Pharmaceutical Inc. [RARE] | | | | | | | | (Che | eck all appli X Directo | cable) or | ng Per | son(s) to Iss 10% Ov | vner |
|--|--|--|---|---------|----------------|---|---------|--|-------------------|--|--------------------------|-----------------|---|---|---|--|--|-------------------------|----------|
| (Last) (First) (Middle) C/O ULTRAGENYX PHARMACEUTICAL INC. 60 LEVERONI COURT | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/24/2021 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. In | below) | | p Filin | Other (specify below) | |
| (Street) NOVATO | | | 94949 (Zip) | | - | | , | | | | | | | Line | e) <mark>X</mark> Form f | filed by On filed by Mo | e Rep | orting Person | n |
| | | Tab | le I - No | n-Deriv | vative | Se | curitie | s Ac | quired, | Dis | posed o | of, or E | Benef | ficiall | y Owned | t | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date | | | | | | Execution Date, | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | ınt (A) or | | Price | Transac (Instr. 3 | tion(s) | | | (1130.4) |
| Common Stock 06/24/ | | | | | 4/202 1 | 2021 | | A | | 2,145 | 2,145 ⁽¹⁾ A S | | \$0.00 | 14 | 14,445 | | 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 Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | | saction de (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4) | Owr Forr Dire or Ir (I) (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | | | Date Exercisab | | | or Nun of | | nount imber ares | | | | | |
| Stock Option (Right to | \$93.2 | 06/24/2021 | | | A | | 4,125 | | (2) | 0 | 6/24/2031 | Commo Stock | n 4, | ,125 | \$0.00 | 4,125 | 5 | 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 24, 2022.
- 2. The option shall vest in full on the earlier of (i) the Company's next Annual Meeting of Stockholders or (ii) June 24, 2022.

Remarks:

/s/ Karah Parschauer, attorneyin-fact

06/28/2021

** 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.