| SEC For | m 5 | | | | | | | | | | | | | | |
|--|--------------------------------------|-----------|--|--|--|--|---|---------------------|-------------------|--|---|---|---|--|--|
| | FORM | 5 U | NITED STAT | FES SECU | | | ANG | E CON | ИМI | SSIO | N | | | | |
| | this box if no lo tion 16. Form 4 | | | | Washington, | | | | | | | - | APPR | - | |
| obligations may continue. See Instruction 1(b). | | | ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | | AL. | | OMB Number: 3235-0362 Estimated average burden | | | |
| Form 3 | B Holdings Rep | orted. | | | OWNER | | | | | | hou | urs per re | sponse: | 1.0 | |
| Form 4 | Transactions | Reported. | Filed | | | e Securities Exch ment Company A | | | | | | | | | |
| 1. Name and Address of Reporting Person* | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Ultragenyx Pharmaceutical Inc.</u> [RARE] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| KAKK | IS EMIL | <u>D</u> | | <u>Oluageny</u> | | <u>eutical IIIC.</u> | | | X | | , | | | Owner | |
| (Last) (First) C/O ULTRAGENYX PHARMACI | | | Middle) | 3. Statement for 12/31/2021 | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2021 | | | | | X Officer (give title Other (specify below) President & CEO | | | | | |
| | ERONI CO | | | | | | | | | | | | | | |
| | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Appli Line) | | | | Applicable | |
| (Street) NOVATO CA 9 | | | 94949 | | | | | | Х | | , | | orting Pe | | |
| (Cit.) | (0) | | 7 in) | | | | | | | Form filed by More than One Reporti Person | | | | porting | |
| (City) | (Sti | , | Zip) | | | | | | | | | | | | |
| | | Table | e I - Non-Deriva | ative Securit | ies Acquire | ed, Disposed | of, or | Benef | ciali | y Owne | ed | | | | |
| 4 7:4140 | (A | | 0. Transaction | | | | |) | | E A | | 6 | | Mada and | |
| 1. Title of S | ecurity (Instr. 3 | 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any | 3. Transaction Code (Instr. | 4. Securities Acc Of (D) (Instr. 3, 4 | quired (A and 5) | \) or Dispo | sed | 5. Amour Securitie Beneficia | s Illy | 6. Owner Form: | rship lı Direct E | . Nature of ndirect eneficial | |
| 1. Title of S | ecurity (Instr. : | 3) | Date | Execution Date, | Transaction Code (Instr. | 4. Securities Acc Of (D) (Instr. 3, 4 Amount | quired (A and 5) (A) or (D) |) or Dispo Price | sed | Securitie | s Illy t end of =iscal | Owner | rship li Direct E C ct (I) (I | ndirect | |
| 1. Title of S | ecurity (Instr. : | 3) | Date | Execution Date, if any | Transaction Code (Instr. | Of (D) (Instr. 3, 4 | and 5) | | sed | Securitie Beneficia Owned at Issuer's I Year (Inst | s Illy t end of =iscal | Owner Form: (D) or Indired | rship Direct Ct (I) 4) EC Ct (I) (I I F J | ndirect eneficial wwnership nstr. 4) By Emil Cakkis and enny | |
| 1. Title of S | | 3) | Date | Execution Date, if any | Transaction Code (Instr. | Of (D) (Instr. 3, 4 | and 5) | | | Securitie Beneficia Owned at Issuer's I Year (Inst | s Illy t end of -iscal tr. 3 and | Owner Form: (D) or Indired | rship Direct Ct (I) 4) F | ndirect teneficial ownership nstr. 4) By Emil Kakkis and | |
| | | 3) | Date (Month/Day/Year) | Execution Date, if any | Transaction Code (Instr. 8) | Of (D) (Instr. 3, 4 | (A) or (D) | Price | | Securitie Beneficia Owned a Issuer's I Year (Inst 4) | s Illy t end of -iscal tr. 3 and | Owner Form: (D) or Indirec (Instr. | rship Direct St (I) 4) | ndirect ieneficial wwnership nstr. 4) By Emil Kakkis and enny Goriano .iving Trust, | |
| | | 3) | Date (Month/Day/Year) | Execution Date, if any | Transaction Code (Instr. 8) | Of (D) (Instr. 3, 4 | (A) or (D) | Price | | Securitie Beneficia Owned a Issuer's I Year (Inst 4) | s Illy t end of -iscal tr. 3 and | Owner Form: (D) or Indirec (Instr. | rship Direct ct (I) 4) | ndirect ieneficial www.ership nstr. 4) By Emil Kakkis and enny Goriano .iving | |
| | Stock | 3) | Date (Month/Day/Year) | Execution Date, if any | Transaction Code (Instr. 8) | Of (D) (Instr. 3, 4 | (A) or (D) | Price | | Securitie Beneficia Owned a Issuer's I Year (Inst 4) | s ully t end of =iscal tr. 3 and 0,741 | Owner Form: (D) or Indirec (Instr. | rship Direct ct (I) 4) (I) | ndirect ieneficial wwnership nstr. 4) By Emil Kakkis and enny Goriano .iving Trust, lated June | |
| Common | Stock | | Date (Month/Day/Year) 12/10/2021 ble II - Derivat | Execution Date, if any (Month/Day/Year) | G G G G G S Acquired | Of (D) (Instr. 3, 4 Amount 50,000 | (A) or (D) D | Price \$0.0 | 0 ially | Securitie Beneficia Owned al Issuer's I Year (Inst 4) 2,209 594,3 | s July t end of =iscal tr. 3 and 0,741 | Owner Form: (D) or Indirec (Instr. | rship Direct ct (I) 4) (I) | ndirect ieneficial wwnership nstr. 4) By Emil Kakkis and enny Goriano .iving Trust, lated June | |
| Common | Stock | | Date (Month/Day/Year) 12/10/2021 ble II - Derivat | Execution Date, if any (Month/Day/Year) ive Securitie Its, calls, wa | G G G G G G G G C C G C C C d e (Instr. 8) | Of (D) (Instr. 3, 4 Amount 50,000 | (A) or (D) D (D) (D) (D) (D) (D) (D) (D) (D) (| Price \$0.0 | 0 ially es) | Securitie Beneficia Owned a Issuer's I Year (Ins: 4) 2,209 594,3 Ownec | s July t end of =iscal tr. 3 and 0,741 | Owner Form: (D) or Indirec (Instr. | rship Direct ct (I) 4) (I) | ndirect ieneficial wwnership nstr. 4) By Emil Kakkis and enny Goriano .iving Trust, lated June | |

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.

(A) (D)

Remarks:

/s/ Karah Parschauer, attorney-02/01/2022

in-fact

Title

Expiration Date

** Signature of Reporting Person Date

Amount or Number of Shares

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.

Date

Exercisable