П

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| 1 | Idress 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) | | | | |
|---------------------|-----------------------|-----------------------------|--|-------------------|--|-----------------------|--|--|--|
| WELCH DANIEL G | | | | X | Director | 10% Owner | | | |
| (Last) C/O ULTRA | (First) GENYX PHAR | (Middle) MACEUTICAL INC. | 3. Date of Earliest Transaction (Month/Day/Year) 06/18/2015 | | Officer (give title below) | Other (specify below) | | | |
| 60 LEVERONI COURT | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | ividual or Joint/Group Filing (Check Applicat | | | | |
| (Street) NOVATO | CA | 94949 | _ | X | Form filed by One Re Form filed by More th Person | | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transa Code (8) | ction | Disposed Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|---|--|------------------------------|-------|----------------------------------|---------------|-------|---|--------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |

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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5) | tive ties red sed 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|---|------------------------------------|--|--------------------|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$97.85 | 06/18/2015 | | A | | 7,500 | | (1) | 06/17/2025 | Common Stock | 7,500 | \$0.00 | 7,500 | D | |

Explanation of Responses:

1. The option shall vest in full on the earlier of (i) the issuers next Annual Meeting of Stockholders and (ii) June 18, 2016.

Remarks:

<u>/s/ Shalini Sharp by power of</u> attorney for Daniel G. Welch

** Signature of Reporting Person Date

06/22/2015

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.