Ultragenyx Pharmaceutical Inc.

Form 4 May 15, 2015

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287 January 31,

Expires:

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per

Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

response... 0.5

1(b).

(Instr. 3)

Common

Stock

05/13/2015

(Print or Type Responses)

| 1. Name and A Kassberg T | _ | Symbol | nyx Phar | d Ticker or Trading | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|-----------------------------------|------------------------------|-----------------------|--------------------------------|---------------------|--|--|---|--|--|--|
| (Last) C/O ULTRA PHARMAC LEVERON | CEUTICAL IN | (Middle) | 3. Date of (Month/E) 05/13/2 | Day/Year) | 'ransaction | Director 10% Owner X Officer (give title Other (specify below) | | | | |
| (Street) | | | 4. If Amendment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | |
| NOVATO, | | Filed(Month/Day/Year) | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | Tabl | le I - Non- | Derivative Securities Acq | quired, Disposed o | f, or Beneficially Owned | | | |
| 1.Title of Security | 2. Transaction (Month/Day/Ye | | | 3. Transacti | 4. Securities Acquired ion(A) or Disposed of (D) | 5. Amount of Securities | 6. Ownership 7. Nature of Form: Direct Indirect | | | |

Code

 $S^{(1)}$

(Instr. 8)

(Instr. 3, 4 and 5)

(A)

Price

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(Month/Day/Year)

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SEC 1474

(9-02)

Beneficially

Following

Reported

75,806

Transaction(s) (Instr. 3 and 4)

Owned

(D) or

Indirect (I)

(Instr. 4)

D

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Code V Amount (D)

3,334

Beneficial

Ownership

(Instr. 4)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | | | ate | 7. Title Amoun Under | int of lying ities | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene |
|---|---|---|---|---------------------------------------|-----------------------------------|---------------------|-----------------|----------------------------|--------------------------|--|---------------------------------|
| | Derivative Security | | | | Securities Acquired | | | (Instr. | 3 and 4) | | Owne Follo |
| | | | | | (A) or Disposed | | | | | | Repo Trans |
| | | | | | of (D) (Instr. 3, 4, and 5) | | | | | | (Instr |
| | | | | | 4, and 3) | | | | Amount | | |
| | | | | | | Date Exercisable | Expiration Date | Title | or Number of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Kassberg Thomas Richard C/O ULTRAGENYX PHARMACEUTICAL INC. 60 LEVERONI COURT NOVATO, CA 94949

CBO & Senior Vice President

Signatures

/s/ Shalini Sharp by power of attorney for Thomas Kassberg

05/15/2015

Date

**Signature of Reporting Person

Explanation of Responses:

- * 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).
- (1) 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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