### Edgar Filing: Bedrosian Camille L - Form 4

Bedrosian Ca Form 4											
March 04, 20	Л	статғ	SECUE	ITIFS A	ND FX(	'HAT	NCF	COMMISSION	т	PPROVAL	
				D.C. 205		OMB Number:	3235-0287				
Check this if no longe subject to Section 16 Form 4 or	s box s <sup>er</sup> STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 6. SECURITIES								burden hou	Expires: January 31, 2005 Estimated average burden hours per response 0.5	
Form 5 obligation may contin <i>See</i> Instruct 1(b).	s Section 17(	a) of the		lity Hold	ling Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	on		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Bedrosian Camille L			2. Issuer Name <b>and</b> Ticker or Trading Symbol Ultragenyx Pharmaceutical Inc. [RARE]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O ULTRA PHARMACI LEVERONI	.GENYX EUTICAL INC.,	Middle)	3. Date of 1 (Month/Da 03/01/20	y/Year)	ansaction			Director X Officer (giv below) EVP and 0			
	4. If Amendment, Date Original Filed(Month/Day/Year)					<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>					
NOVATO, C	CA 94949							Form filed by I Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any		Code (Instr. 8)	4. Securi onAcquirec Disposec (Instr. 3, Amount	l (A) o l of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	03/01/2019			А	7,000 (1)	А	\$0	23,364 <u>(2)</u>	D		

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

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 control number.

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

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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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 67.55	03/01/2019		A	21,500	(3)	03/01/2029	Common Stock	21,500

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Bedrosian Camille L C/O ULTRAGENYX PHARMACEUTICAL INC. 60 LEVERONI COURT NOVATO, CA 94949			EVP and Chief Medical Officer			
Signatures						

/s/ Ruben A. Garcia, attorney-in-fact

03/04/2019

### \*\*Signature of Reporting Person

Date

# **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) Award of Restricted Stock Units ("RSUs") under the Company's 2014 Incentive Plan. The RSUs shall vest with respect to 1/4th of the underlying shares on each anniversary of the grant date, such that the RSUs are fully vested on the fourth anniversary of the grant date.
- (2) Includes previously reported shares of common stock underlying RSUs granted to the Reporting Person, which are subject to certain vesting conditions.

On the first anniversary of the grant date of the option (the "Option Anniversary Date"), 1/4th of the shares initially subject to the option (3) shall vest; thereafter, 1/48th of the shares initially subject to the option shall vest on each month as measured from the Option

Anniversary Date.

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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