FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burde	en				
l	hours per response:	0.5				

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

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 an Sharp S	d Address of <u>Shalini</u>		2. Issuer Name and Ticker or Trading Symbol <u>Ultragenyx Pharmaceutical Inc.</u> [RARE]									all app Dired	olicable)		Owner (specify			
(Last) (First) (Middle) C/O ULTRAGENYX PHARMACEUTICAL INC. 60 LEVERONI COURT							3. Date of Earliest Transaction (Month/Day/Year) 04/20/2015									ow) below) FO & Senior Vice President		
(Street) NOVATO CA 94949 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indi Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Di	sposed o	f, or E	enefi	cially	Owne	ed		
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of (D) (Instr. 3, 4)					Secur Benef Owne	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership	
									Code	v	Amount	(A) o	r Pric	е		action(s) 3 and 4)		(Instr. 4)
Common	2015	015		S ⁽¹⁾		1,000	D	\$6	\$61.14(2)		51,255	D						
Common	015	015		S ⁽¹⁾		3,000	D \$62		2.59 ⁽³⁾	48,255		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)	tive Conversion Date (Month/Day/Year)		if any	emed 4. Transac Code (Ir //Day/Year) 8)			5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instrand 5	rities ired r osed) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		Deri Sec (Ins	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 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.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$60.82 to \$61.73 inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$62.00 to \$62.99 inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.

Remarks:

/s/ Shalini Sharp

04/22/2015

** 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.