

ARROWHEAD RESEARCH CORP
 Form 3
 January 06, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

| | | | | | |
|---|---|---|--|---|--|
| <p>1. Name and Address of Reporting Person *</p> <p> ^ Lewis David L.</p> <p> (Last) (First) (Middle)</p> <p>ARROWHEAD RESEARCH CORPORATION, ^ 225 S. LAKE AVENUE, SUITE 1050</p> <p> (Street)</p> <p>PASADENA, ^ CA ^ 91101</p> <p> (City) (State) (Zip)</p> | <p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>01/03/2014</p> | <p>3. Issuer Name and Ticker or Trading Symbol</p> <p>ARROWHEAD RESEARCH CORP [ARWR]</p> | <p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p>____ Director ____ 10% Owner <input checked="" type="checkbox"/> Officer ____ Other (give title below) (specify below)</p> <p>Chief Scientific Officer</p> | <p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> | <p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p>____ Form filed by More than One Reporting Person</p> |
|---|---|---|--|---|--|

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|------------------------------------|--|---|--|
|------------------------------------|--|---|--|

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|---|--|--|--|--|
| | Date Exercisable Expiration Date | Title Amount or Number of | | | |

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| | | | | Shares | | or Indirect (I) (Instr. 5) | |
|----------------------------------|---------------------------|------------|-----------------|---------|---------|----------------------------------|---|
| Stock Option dated 10/21/2011 | 04/21/2012 ⁽¹⁾ | 10/21/2021 | Common Stock | 27,500 | \$ 4.6 | D | Â |
| Stock Option dated 02/16/2012 | 03/01/2012 ⁽²⁾ | 02/16/2022 | Common Stock | 27,000 | \$ 5.19 | D | Â |
| Stock Option dated 09/28/2012 | 10/01/2012 ⁽²⁾ | 09/28/2022 | Common Stock | 25,000 | \$ 2.62 | D | Â |
| Stock Option dated 05/06/2013 | 06/01/2013 ⁽²⁾ | 05/06/2023 | Common Stock | 105,000 | \$ 2.01 | D | Â |
| Stock Option dated 09/21/2013 | 10/01/2013 ⁽²⁾ | 09/21/2023 | Common Stock | 28,000 | \$ 4.75 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|----------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Lewis David L. ARROWHEAD RESEARCH CORPORATION 225 S. LAKE AVENUE, SUITE 1050 PASADENA, CA 91101 | Â | Â | Â Chief Scientific Officer | Â |

Signatures

David L. Lewis 01/03/2014
 **Signature of Date
 Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) Vests 1/8 on six month cliff and balance equally over 42 months
- (2) Vests in 48 equal monthly installments

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.