FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APP	ROVAL						
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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 and Add <u>Hughes Ste</u>	2. Date of Event Requiring Statement (Month/Day/Year) 02/18/2020 3. Issuer Name and Ticker or Trading Symbol Arcturus Therapeutics Holdings Inc. [ARCT]										
(Last) (First) (Middle) C/O ARCTURUS THERAPEUTICS HOLDINGS INC.		` ′		(Che	(Check	tionship of Reporting Perso all applicable) Director Officer (give title	on(s) to Issuer 10% Owner Other (specify		5. If Amendment, Date of Original Filed (Month/Day/Year)		
10628 SCIENCE CENTER DRIVE, SUITE 250						X Officer (give title below) Chief Development	below)		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) SAN DIEGO	CA	92121							Form filed Reporting	by More than One Person	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						int of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable an Expiration Date (Month/Day/Year)		nd 3. Title and Amount of Secur Underlying Derivative Secur					6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratio Date	n Title	3	Amount or Number of Shares	Derivativ Security	e or Indirect		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

02/20/2020 /s/ Steven Hughes

** Signature of Reporting Person

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

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.

^{*} 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).