FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
vasilligion,	D.C.	20349	

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Chivukula Pad						2. Issuer Name and Ticker or Trading Symbol Arcturus Therapeutics Holdings Inc. [ ARCT ]								Check	tionship of Reportin all applicable) Director Officer (give title		ng Person(s) to Iss 10% Ow Other (s		/ner
(Last)	(Fi	rst) (1	∕liddle)			A be										v)		below)	`
C/O ARCTURUS THERAPEUTICS HOLDINGS INC.					3. Date of Earliest Transaction (Month/Day/Year) 04/01/2021										Chief	Scientific	: Offi	icer & CC	0
10628 SCIENCE CENTER DRIVE, SUITE 250					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X	·				
SAN DII	EGO CA	A 9	2121											Form filed by More than One Reporti Person					orting
(City)	(St	ate) (2	Zip)																
		Table	I - No	on-Deriva	tive S	Secu	rities	Acc	quired	l, Dis	posed of	, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)					Year) Execu		eemed ution Date, th/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Disposed O				1 and 5) Secu Bene		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o (D)	Price	Tran		action(s) . 3 and 4)			(111501.4)
Common Stock 04/01/2			04/01/20	.021				S <sup>(1)</sup>		10,000	D	\$42.9	95 <sup>(2)</sup>	<sup>(2)</sup> 652,548			D		
		Tal	ole II								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed Ition Date, h/Day/Year)	4. Transaction Code (Instr. 8)  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities ired r osed )	Expiration Date An (Month/Day/Year) Se Un De Se			Amou Secur Under Deriva	Title and nount of curities nderlying erivative curity (Instr. and 4)		rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Direct or Ind (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- $1. \ The sales \ reported \ on this \ Form \ 4 \ were \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ Reporting \ Person.$
- 2. Reflects the weighted average price of 10,000 shares of common stock of Arcturus Therapeutics Holdings Inc. sold by the Reporting Person in multiple transactions on April 1, 2021 with sale prices ranging from \$41.55 to \$44.26 per share. The Reporting Person undertakes to provide upon request by the U.S. Securities and Exchange Commission staff, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate price.

/s/ Ilan Katz, attorney-in-fact 04/05/2021

\*\* Signature of Reporting Person

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.