FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 | |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

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

| 1. Name and Address of Reporting Person* Payne Joseph E | | | | 2. Issuer Name and Ticker or Trading Symbol Arcturus Therapeutics Holdings Inc. | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
|---|--|---------|---|---|--|--|--------|---|-----------------|---|--------------------|---|---|--|---|-------------|--|--------------|---------|
| (Last) | (Fi | rst) (M | /liddle) | | L | ARCT] | | | | | | | | | | , | | Other (s | specify |
| C/O ARCTURUS THERAPEUTICS HOLDINGS INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/10/2020 | | | | | | | | | | Presiden | t and | CEO | | |
| 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 | Form | filed by On | e Repo | orting Perso | on |
| SAN DII | EGO CA | A 9 | 2121 | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | , Dis | posed of | , or E | Benefi | icially | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Exec if any | Deemed ecution Date, any onth/Day/Year) | | Transaction Disposed C Code (Instr. 5) | | es Acquired (A Of (D) (Instr. 3, | | 4 and Secur Bene | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | (A) or (D) Pr | | ce | Transaction(s) (Instr. 3 and 4) | | | | , |
| Common Stock 06/10/2 | | | | | 2020 | | | | P 1,000 | | 1,000 | A | . \$3 | 31.69 | .69 1,475,097(1) | | | 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) | ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo of (D (Insti | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ion Da | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amour or Number of Shares | er | | | | | |

Explanation of Responses:

 $1.\ 183,137$ shares are subject to repurchase by the Company.

Remarks:

/s/ Ilan Katz, attorney-in-fact 06/10/2020

** 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.