FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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7.C. 20349	OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden

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hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or Se	ction 30(n)	or the	Investment	Con	npany Act	of 1940								
Name and Address of Reporting Person*  Collier William H.					2. Issuer Name <b>and</b> Ticker or Trading Symbol Arbutus Biopharma Corp [ ABUS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Comer	vviiiiaiii	<u>11.</u>		- [									X	Director			10% Owi	ner	
														Officer (g below)	ive title		Other (sp below)	ecify	
` '	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								President and CEO					
C/O ARBUTUS BIOPHARMA CORPORATION					06/24/2019								resident and CLO						
701 VET	ERANS C	IRCLE																	
(Street)					If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
WARMINSTER PA 18974													X Form filed by One Reporting Person						
-													Form file	d by More	than (	One Reportir	ng Person		
(City)	(\$	State)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				ate		2A. Deemed Execution Date if any (Month/Day/Yea		, Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Securities Beneficially Owned Fol		Form y (D) o		Direct Ir Indirect B tr. 4)	7. Nature of ndirect Beneficial Ownership	
								Code	v	Amount	Amount (A) or (D)			Reported Transaction (Instr. 3 and			(1	nstr. 4)	
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			Securitie	nd Amount s Underlyin e Security nd 4)	lying Derivative		9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount of Number of Shares			Transaction(s) (Instr. 4)				
Employee Stock Option (Right to	\$2.18	06/24/2019		A		1,112,000		(1)	06	6/24/2029	Common Shares	1,112,0	00	\$0	1,112,	000	D		

## **Explanation of Responses:**

1. The stock option will vest and become exercisable as to 25% of the common shares on June 24, 2020 and as to an additional 1/48th of the total original number of common shares subject to Mr. Collier's stock option on the corresponding day of each month over the three year period thereafter, subject to Mr. Collier's continued employment with Arbutus Biopharma Corporation through the applicable vesting dates.

## Remarks:

/s/ David C. Hastings, as attorney-in-fact for William H. 06/26/2019 Collier

\*\* 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.