FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

nington, D.	C. 20549		
-------------	----------	--	--

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average b	ourden							

0.5

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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Takeda Pharmaceuticals International AG</u>			I 7	2. Issuer Name and Ticker or Trading Symbol Myovant Sciences Ltd. [MYOV]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(Last) (First) (Middle) THURGAUERSTRASSE 130 GLATTPARK-OPFIKON		(Middle)	1	3. Date of Earliest Transaction (Month/Day/Year) 11/01/2016									Officer (g below)			Other (sp		
(Street) ZURICH (City)		78 State)	8152 (Zip)		4. If Am	nendm	ent, Date o	f Original	Filed	(Month/Da	y/Year)	1	6. Indi Line) X		d by One	Report	Check Appli ting Person One Reporti	
		Т	able I - Non	-Derivat	tive S	Secu	rities Ac	quired	, Dis	posed o	of, or	Bene	ficially	Owned				
Date			. Transaction pate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.		ties Acquired (A) or d Of (D) (Instr. 3, 4 a		A) or s, 4 and 5)	5. Amount Securities Beneficial Owned Fo	ly	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount (A		(A) or (D)	Price	Reported Transaction (Instr. 3 and	on(s) ad 4)	(s) 4)		nstr. 4)
Common Shares			11/01/20	01/2016			М		1,977,269		A	\$0.00(1)	7,368,389		9 D			
			Table II - D				ties Acq warrants							wned				
Derivative Conversion Date Executio Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date, if any (Month/Day/Yea	Code (Instr.		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Securities Under Derivative Securi (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	N	mount or umber of nares	(Instr. 4		ion(s)		
Warrant to Purchase	(1)	11/01/2016		M			1 977 269	(2)		(3)	Comn	non 1	977 269	\$0.00	0(4)		n	

Explanation of Responses:

- 1. \$0.000017727 per share.
- 2. At any time following the Issuer's issuance of any class of capital shares, if necessary to allow the Reporting Person, together with its affiliates, to maintain a 12% ownership in the Issuer, as determined after such
- 3. Upon the earlier of (A) April 30, 2017 and (B) a change of control of the Issuer, unless such change in control results in a privately-held entity in which the holders of 40% or more of the equity securities, calculated on a fully-diluted basis, of the surviving entity are held by persons and entities who were affiliates of the Issuer prior to such change in control.
- 4. An indeterminate number of capital shares necessary to allow the Reporting Person, together with its affiliates, to maintain a 12% ownership interest in the Issuer, as determined after such exercise.

Remarks:

Shares

/s/Alison Haggerty, Attorney-in-11/03/2016

Fact

** 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.