FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigton,	D.C.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Name and Address of Reporting Person* Lang Matthew						2. Issuer Name and Ticker or Trading Symbol Myovant Sciences Ltd. [MYOV] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner														
(Last) (First) (Middle) C/O MYOVANT SCIENCES INC.						3. Date of Earliest Transaction (Month/Day/Year) 12/09/2020									X Officer (give title below) Other (specific below) General Counsel & Corp. Secy.					
2000 SIERRA POINT PARKWAY, 9TH FLOOR (Street) BRISBANE CA 94005						If Amer	ndmen	nt, Date	of Orig	inal Fil	led (Month/Da		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(S	tate)	(Zip)											Person						
		Tab	le I - I	Non-Deri	vativ	e Sec	curiti	ies A	cquire	ed, D	isposed o	f, or B	enefici	ally (Owned					
Da		2. Transaction Date (Month/Day/Year		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
							Code V		Amount	(A) or (D)	Price	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Shares			12/09/2	2020			M		600	A	\$7.	78	146,465			D				
Common Shares 12/09				12/09/2	2020	020			S		600(1)	D	\$25.08	.0817(2)		145,865		D		
Common Shares 12/10/20				2020	20		M		19,400	A	\$7.	\$7.78		165,265		D				
Common Shares 12/10/202					2020	s 19,400 ⁽¹⁾ D \$25.195 ⁽³⁾ 145,865				5,865		D								
		-	Table								sposed of, , convertil				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	· · ·	4. Transa Code (8)	5. Number of		umber vative urities uired ur osed) (Instr.	6. Date Exe Expiration I (Month/Day		cisable and	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		int 8. De	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e (es lially light)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amou or Numb of Share	er						
Stock Option (Right to Buy)	\$7.78	12/09/2020			M			600	(4)	07/16/2027	Common Shares	ⁿ 600		\$0.00	279,400	0	D		
Stock Option (Right to Buy)	\$7.78	12/10/2020			M			19,400	(4)	07/16/2027	Common Shares	ⁿ 19,40	00	\$0.00	260,000	0	D		

Explanation of Responses:

- 1. Shares sold pursuant to a 10b5-1 trading plan.
- 2. The shares were sold at prices ranging from \$25.07 to \$25.09. The reporting person will provide upon request to the SEC, the issuer or security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 3. The shares were sold at prices ranging from \$25.05 to \$25.48. The reporting person will provide upon request to the SEC, the issuer or security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 4. Fully vested.

Remarks:

/s/ Matthew Lang

12/11/2020

** 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.