FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number: 3235-028 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

1. Name and Address of Reporting Person* Arjona Ferreira Juan Camilo (Last) (First) (Middle)					<u>M</u>	Issuer Name and Ticker or Trading Symbol Myovant Sciences Ltd. [MYOV] Jate of Earliest Transaction (Month/Day/Year)								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Medical Officer							
C/O MYOVANT SCIENCES INC.						08/31/2020															
2000 SIERRA POINT PARKWAY, 9TH FLOOR							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)	NE C.	A	94005			II Americanent, Date of Original Fliet (Montul/Day/Teal)							Lin	Line) X Form filed by One Reporting Person							
			<u> </u>		_										filed by Mor	e than	One Repor	ting			
(City)	(S	itate)	(Zip)			Person															
		Tab	ole I - N	on-Deri	vativ	e Sec	curit	ies Ac	quired	l, Di	sposed o	f, or Be	neficial	ly Owne	d						
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				Execution Da		n Date,	Date, Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			nd 5) Securities Beneficially Owned Followi		6. Owner Form: Dii (D) or Ind ving (I) (Instr.		7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) or (D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
Common Shares 08/31/2				2020	020		M		11,307	A	\$7.78	14	9,333		D						
Common Shares 08/31/20					2020	020			S		11,307(1)	D	\$20.005	(2) 13	8,026		D				
		-	Table II	- Deriva (e.g.,	ative puts,	Secu calls	ıritie S, Wa	es Acq arrants	uired, s, optic	Dis ons,	posed of, convertil	or Ben ole secu	eficially ırities)	Owned							
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. Transa Code (l 8)			6. Date Expirati (Month/	ion Da		e of Securities		8. Price of Derivative Security (Instr. 5)		Ov Fo Dii or (I)	Downership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
							$ \ $						Amount								
									Date		Expiration		Number								
					Code	٧	(A)	(D)	Exercis	able	Date	Title	Shares								
Stock Option (Right to Buy)	\$7.78	08/31/2020			M			11,307	(3)		08/14/2027	Common Shares	11,307	\$0.00	231,26	7	D				

Explanation of Responses:

- 1. Shares sold pursuant to a 10b5-1 trading plan.
- 2. The shares were sold at prices ranging from \$20.00 to \$20.03. The reporting person will provde 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. 1/4 of the common shares underlying this option vested on August 15, 2018, and 1/16 of the common shares underlying this option vest each quarter thereafter, provided the Reporting Person has provided continuous service to the Issuer or its affiliates on each such date.

Remarks:

/s/ Matthew Lang, Attorney-infact

09/02/2020

** 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.