Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| OMB APP | ROVAL |
|--------------------|-----------|
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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>Arjona Ferreira Juan Camilo</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Myovant Sciences Ltd. [MYOV] | | | | | | | | (Chec | k all app Direc | tionship of Reportin all applicable) Director Officer (give title | | rson(s) to Is 10% O Other (| vner | |
|---|--|-------|-----------|--|---|-------|--|---|-----------------|--------------|------------------------|-----------------------|---|---|--|---|---------------------------------------|-------|--|
| | (Last) (First) (Middle) C/O MYOVANT SCIENCES INC. 2000 SIERRA POINT PARKWAY, 9TH FLOOR | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/06/2022 | | | | | | | | X | belov | | | below) | elow) | |
| (Street) BRISBANE CA 94005 (City) (State) (Zip) | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | , | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired | , Dis | posed of | , or E | Benef | icially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date | | Date, | 3. Transaction Code (Instr. 8) 4. Securitie Disposed C | | | | 4 and Securi Benefi | | cially I Following | Form (D) o | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | | ice | Transaction(s) (Instr. 3 and 4) | | | | | |
| Common Shares 07/06/2 | | | | | 2022 | | | s 2,755 ⁽¹⁾ | | D | \$ | 13.4(2) | 4 ⁽²⁾ 255,992 | | | 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) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year) | | | ion Date, | Transaction Code (Instr. 8) | | of | r osed (, 3, 4 | 6. Date Exercis Expiration Date (Month/Day/Ye | | te Amount of | | Der Sec (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | or Numb of Share | er | | | | | |

Explanation of Responses:

- 1. Represents the number of shares sold by the reporting person to cover the tax obligation realized upon the vesting of restricted stock units previously reported in Table I.
- 2. The shares were sold at prices ranging from \$13.40 to \$13.46. The reporting person will provide to the SEC, the issuer or security holder of the issuer, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Remarks:

/s/ Matthew Lang, Attorney-

07/08/2022

in-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.