FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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					_ <u>M</u>	2. Issuer Name and Ticker or Trading Symbol  Myovant Sciences Ltd. [ MYOV ]									tionship of Reporting I all applicable) Director Officer (give title below)			son(s) to Iss 10% Ov Other (s below)	vner
(Last) (First) (Middle)  C/O MYOVANT SCIENCES INC.  2000 SIERRA POINT PARKWAY, 9TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 08/27/2021									Chief Medical Officer				
(Street) BRISBA (City)	NE C.			4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transa Date (Month/D	ay/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			and 5) Securi		ficially ed Following		n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Trar	sacti	ction(s) s and 4)			(Instr. 4)	
Common Shares				08/27/	27/2021				S		1,978(1)	D \$2		69	171,329		D		
Common Shares 08/30/				/2021	021			M		21,000	A	\$7.7	3 192		2,329		D		
Common Shares 08/3			08/30/	/2021	:021			S		21,000 <sup>(2)</sup> D		\$24.0	<sup>(3)</sup> 171,329		,329		D		
		-	Гable II								oosed of, convertil			/ Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,		ransaction ode (Instr.				Exercion Da Day/Y			ies g Security	8. Price Derivat Securit (Instr. 5	ive y i)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$7.78	08/30/2021			M			21,000	(4)		08/14/2027	Common Shares	21,000	\$0.00	)	166,10	00	D	

## **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. Shares sold pursuant to a 10b5-1 trading plan
- 3. The shares were sold at prices ranging from \$24.00 to \$24.20. 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
- 4. 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-in-08/31/2021 fact

\*\* Signature of Reporting Person

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.