FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasilington, D.C. 20349

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB Number:	3235-0287
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l	hours per response:	0.5

OMB APPROVAL

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

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1. Name and Address of Reporting Person* Takeda Pharmaceuticals International AG						2. Issuer Name and Ticker or Trading Symbol Myovant Sciences Ltd. [MYOV]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) THURGAUERSTRASSE 130					3. Date of Earliest Transaction (Month/Day/Year) 04/17/2017										(give title	X	Other (s			
GLATTPARK-OPFIKON				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) ZURICH V8 8152															Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Si	ate)	(Zip)																	
		Tab	le I - Nor	า-Deriv	ative	Se	curiti	ies Ac	quired	Dis	posed o	of, or Be	enefi	cially	Owned	k				
Date			2. Trans Date (Month/I		Execut ay/Year) if any		A. Deemed xecution Date, any Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 a				es Fe ially (D Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) o (D)	r _{Pr}	ice	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)		
Common Shares 04/17/2					7/2017	/2017		M		4,432	2 A \$0.		$0.00^{(1)}$	7,420,625			D			
		Т	able II -								osed of converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (l 8)			vative urities uired or oosed O) tr. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		D S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber						
Warrant to Purchase Common	(1)	04/17/2017			М			4,432	(2)		(3)	Common Shares	4,4	32	\$0.00	0 ⁽⁴⁾		D		

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 exercise.
- 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:

/s/Alison Haggerty, Attorneyin-Fact 04/19/2017

** 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.