FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHA |
|---|---------------------------------|
| Instruction 1(b). | Filed pursuant to Section 20(b) |

NGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* POTTER MYRTLE S | | | | | 2. Issuer Name and Ticker or Trading Symbol Myovant Sciences Ltd. [MYOV] | | | | | | | Relationship of the Relati | cable) | g Pers | on(s) to Issi 10% Ow | | |
|---|--|------------|--|-----------------|---|--|--|--------|--|--------------------|---|--|---|---|-------------------------|--|---------------------------------------|
| (Last) | ` | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/23/2019 | | | | | | | Officer below) | er (give title w) | | Other (s below) | pecify |
| 2000 SIERRA POINT PARKWAY | | | | 4. 1 | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) BRISBA | .NE C | A | 94005 | | | | | | | | | Lin | X Form f | led by Mor | • | orting Persor One Repor | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | 3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | | | | Beneficia | s ally following | Form | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code V | Amount | (A) or (D) | Price | Transact (Instr. 3 | ion(s) | | | (IIISU. 4) | | |
| | 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 | | 3A. Deemed Execution D if any (Month/Day/ | ate, | 4. Transa Code (I 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to Buy) | \$7.65 | 08/23/2019 | | | A | | 58,608 | | (1) | 08/22/2029 | Common Shares | 58,608 | \$0.00 | 58,608 | В | D | |

Explanation of Responses:

1. 100% of the shares underlying the option vest and become exercisable on the earlier of (a) August 23, 2020, and (b) the date that is one day prior to the Issuer's 2020 Annual General Meeting of Shareholders, subject to the Reporting Person providing continuous service to the Issuer on such date.

Remarks:

/s/ Matthew Lang, Attorney-in-

** Signature of Reporting Person

Date

08/27/2019

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.