

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104

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

<b>1. Name and Address of Reporting Person*</b> <u>Sumitomo Chemical Co., Ltd.</u> <hr/> (Last) (First) (Middle) 27-1 SHINKAWA 2-CHOME <hr/> (Street) CHUO-KU, M0 104-8260 TOKYO <hr/> (City) (State) (Zip)	<b>2. Date of Event Requiring Statement (Month/Day/Year)</b> 12/27/2019	<b>3. Issuer Name and Ticker or Trading Symbol</b> <u>Myovant Sciences Ltd. [ MYOV ]</u>	<b>4. Relationship of Reporting Person(s) to Issuer (Check all applicable)</b> Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	<b>5. If Amendment, Date of Original Filed (Month/Day/Year)</b>  <b>6. Individual or Joint/Group Filing (Check Applicable Line)</b> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person
--	--	---	--	---

### Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	45,008,604	I	See Footnote <sup>(1)</sup>

### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

<b>1. Name and Address of Reporting Person*</b> <u>Sumitomo Chemical Co., Ltd.</u> <hr/> (Last) (First) (Middle) 27-1 SHINKAWA 2-CHOME <hr/> (Street) CHUO-KU, M0 104-8260 TOKYO <hr/> (City) (State) (Zip)
--

<b>1. Name and Address of Reporting Person*</b> <u>Dainippon Sumitomo Pharma Co Ltd</u> <hr/> (Last) (First) (Middle) 6-8 DOSHOMACHI 2-CHOME <hr/> (Street) CHUO-KU, M0 541-0045 OSAKA <hr/> (City) (State) (Zip)
--

<b>1. Name and Address of Reporting Person*</b> <u>Sumitovant Biopharma Ltd.</u> <hr/> (Last) (First) (Middle) 11-12 ST. JAMES'S SQUARE SUITE 1, 3RD FLOOR <hr/> (Street) LONDON X0 SW1Y 4LB
--

(City)

(State)

(Zip)

**Explanation of Responses:**

1. Sumitovant Biopharma Ltd. ("Sumitovant") directly owns 45,008,604 shares of Common Stock. Sumitovant is a wholly-owned subsidiary of Sumitomo Dainippon Pharma Co., Ltd. ("Sumitomo Dainippon"), which is a 51.76% owned subsidiary of Sumitomo Chemical Co., Ltd. ("Sumitomo Chemical"). Sumitomo Dainippon and Sumitomo Chemical may be deemed to indirectly beneficially own (as that term is defined in Rule 13d-3 under the Securities Exchange Act of 1934, as amended) the reported securities that Sumitovant owns. Each of Sumitomo Dainippon and Sumitomo Chemical disclaims beneficial ownership of such reported securities except to the extent of their pecuniary interest therein.

**Remarks:**

Sumitomo Chemical Co., Ltd.  
By Yoshiaki Oda Managing  
Executive Officer, Corporate 01/03/2020  
Business Development  
Department /s/ Yoshiaki Oda

Sumitomo Dainippon Pharma  
Co., Ltd. By Hiroyuki Baba  
Senior Executive Officer, 01/03/2020  
Global Corporate Strategy /s/  
Hiroyuki Baba

Sumitovant Biopharma Ltd.  
By: Marianne L. Romeo 01/03/2020  
Authorized Signatory /s/  
Marianne L. Romeo

\*\* 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 5 (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.**