FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

				1 1100							npany Act								
					2. Issuer Name <b>and</b> Ticker or Trading Symbol  Myovant Sciences Ltd. [ MYOV ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner					
(Last)	(Fi	rst) (	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/04/2019							Offi	Director Officer (give title below)			(specify			
444 MA	DISON AV	ENUE, 21ST FL	OOR		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NEW YO			10022										For Y	Form filed by One Reporting Person					
(City)	(S		Zip) 	lon-Deriv	ative	Sar	curitio	s Arr	wired	Die:	nosed of	f or	Rono	ficia	IIv Owr	ned.			
Date			2. Transact	ion 2A. Deemed Execution Date,		3. 4. Securities A Transaction Disposed Of ( Code (Instr. 5)				ties Acquired (A) or Of (D) (Instr. 3, 4 an			5. Amount of Securities Beneficially Owned		wnership n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D)	Price	Following (Instr. 4) Reported Transaction(s) (Instr. 3 and 4)			r. 4)	(Instr. 4)
Common value per		s, \$0.000017727 par 06/04/2019			019				Р		2,424,2	42	2 A \$8.25		25 40	,765,599	I		see fn <sup>(1)</sup>
		Та	ble II	- Derivati (e.g., pu				•	,	•	sed of, o			•	/ Owned	d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execu- ecurity or Exercise (Month/Day/Year) if any		if any	ition Date, Trans		5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)		vative rities nired r osed )	6. Date E Expiratio (Month/E	n Da			str.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	nber					
		of Reporting Person	*																
(Last) 444 MA	DISON AV	(First) ENUE, 21ST FL	•	iddle)															
(Street) NEW YO	ORK	NY	10	0022															
(City)		(State)	(Zi	p)															

1. Name and Address of Reporting Person*  QVT Fund V LP								
(Last)	(First)	(Middle)						
190 ELGIN AVENUE								
(Street) GEORGE TOW GRAND CAYMAN	/N, E9	KY1-9005						
(City)	(State)	(Zip)						

## **Explanation of Responses:**

1. QVT Financial LP, its general partner, QVT Financial GP LLC, QVT Financial Investment Cayman Ltd. and QVT Associates GP LLC, the general partner of certain funds managed by QVT Financial LP (collectively, "QVT"), may be deemed to have beneficial ownership over the 40,765,599 Common Shares held by Roivant Sciences Ltd. ("Roivant") because, as shareholders of Roivant, QVT may be deemed to have dispositive power and, therefore, beneficial ownership, over the Common Shares held by Roivant by virtue of governance arrangements in Roivant's bye-laws. The filing of this statement shall not be deemed an admission that QVT is the beneficial owner of the securities reported herein for purposes of Section 16 of the Securities Act of 1934, as amended, or otherwise. QVT expressly disclaims beneficial ownership of the securities reported herein except to the extent of its pecuniary interest therein.

## Remarks:

<u>/s/ Tracy Fu</u> <u>06/06/2019</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).