FORM 4

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

Washington,	D.C. 20549	
vvasiliiluluii.	D.C. 20049	

STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	OWNERSHIP

OMB APPR	OVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							
	OMB Number: Estimated average bu							

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*  Oren Ilan				2. Issuer Name and Ticker or Trading Symbol Roivant Sciences Ltd. [ ROIV ]							ck all app	,	ng Pers	son(s) to Is					
(Last)	(Fir	st) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/03/2023								Office below	r (give title		Other (s below)	specify		
C/O ROIVANT SCIENCES LTD. 7TH FLOOR, 50 BROADWAY				4. If A							Line)	6. Individual or Joint/Group Filing (Check Applicabl Line)  X Form filed by One Reporting Person							
(Street)	N X0	S	SW1H 0DB			Form filed by More than One Reportin Person										orting			
(City)	(St	,	Zip)	- D		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, i satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.  Ive Securities Acquired, Disposed of, or Beneficially Only 10 poses.							on 10.		ten plan	that is inter	nded to		
		Table	I - Nor	n-Deriva	itive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	eticiali	ly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Dat		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		(A) or 3, 4 and	Securit Benefic	rities F eficially (I ed Following (I		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) (D)	or	Price	Transa	action(s) 3 and 4)			(Instr. 4)		
Common	Shares			04/03/	/2023				Α		1,942(1)	) A   \$		<b>\$0</b> <sup>(1)</sup>	(1) 62,113		,113 D		
	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 (Month/Day/Year) Price of Derivative Security  3. Transaction Execution Date, if any (Month/Day/Year)			ransaction of Code (Instr. Derivative		vative irities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Di Si (li	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Num of Shar	nber					

## Explanation of Responses:

1. Reflects an award of Common Shares received pursuant to the Company's Non-Employee Director Compensation Plan that was fully vested as of the grant date.

By: /s/ Jo Chen, as Attorneyin-Fact for Ilan Oren

04/05/2023

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.