FORM 4

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

Washington,	D.C. 20549

OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 0	e iristi uction i	· .																	
1. Name and Address of Reporting Person* Pulik Richard					2. Issuer Name and Ticker or Trading Symbol Roivant Sciences Ltd. [ ROIV ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Pullk R	<u>icnaru</u>									_	. 1				Direc	tor		10% Ov	vner
,					_									1	Office below	er (give title		Other (s	specify
(Last)	(Fir	rst) (f	Middle)		3. Date of Earliest Transaction (Month/Day/Year)								CFO						
C/O ROIVANT SCIENCES LTD.					12/28/2024									C	10				
7TH FLO	OOR, 50 BI	ROADWAY																	
					4. If A	Amend	ment,	Date of	f Origina	al File	d (Month/Da	y/Year	)	6. Ind	lividual o	Joint/Grou	p Filing	g (Check A	pplicable
(Street)														Line)	,				
LONDO	N XO	S	W1H 0	DB										1	4	filed by On		•	
															Form Perso	filed by Mo	re thar	n One Repo	orting
(City)	(St	ate) (Ž	Zip)												1 0130	211			
(0.1,7)	(0.	(2																	
		Table	I - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3enef	ficiall	y Own	ed			
1. Title of	Security (Inst	tr. 3)		2. Transac	tion						A) or	or 5. Amount of				7. Nature			
Date (Month/Day				v/Year)	cution Date,		Code (Instr.   5)		Of (D) (Instr. 3, 4		4 and	Securit Benefic			m: Direct or Indirect	of Indirect Beneficial			
				(Month/Day/Year)		/Year)			-,				Owned Report	Following   (Ì) (		(Instr. 4)	Ownership (Instr. 4)		
						Code	v	Amount	(A) or (D) Pri		rice	Transaction(s) (Instr. 3 and 4)				(111311. 4)			
						-						(D)			(Instr. 3	3 and 4)	_		
Common Shares 12/28/2				/2024				F		1,896(1)	1) <b>D</b> §		\$11.8	272,576			D		
		Tol	ble II	Doriveti	Sa		tion /	N o o u i	rod C	lion	osed of, o	or Da	pofic	براامند	Owne	-l			
		Idi									oseu oi, i				Owner	u			
1. Title of	2.	3. Transaction	3A. Dee		4.			mber			isable and		le and		Price of	9. Number		10.	11. Nature
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any		Transaction Code (Instr. 8)		Derivative Securities							erivative	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)				(Day/Year)								Unde	Underlying		nstr. 5) Beneficia		ly Direct (D	Direct (D) or Indirect	Ownership
					Acquired (A) or		Derivative Security (II			rity (Ins	tr.		Following		(I) (Instr. 4)	(instr. 4)			
						Disposed of (D)		3 and 4)			l <b>4</b> )			Reported Transaction(s)					
							(Instr. 3, 4									(Instr. 4)	(5,		
							and 5)						T .	-					
													Amou or	ınt					
									Date		Expiration		Numb	per					
					Code	v	(A)	(D)	Exercis	able	Date	Title	Share	s					

## **Explanation of Responses:**

1. Represents the "net settlement" by the Issuer of RSUs previously granted to the reporting person in order to satisfy applicable tax withholding obligations in connection with the vesting and settlement of such RSUs.

By: /s/ Jo Chen, as Attorneyin-Fact for Richard Pulik

12/31/2024

\*\* 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.