Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

Washington, D	C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-02									
Estimated average burden									
hours per response	: 0.5								

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Name and Address of Reporting Person* Gline Matthew					2. Issuer Name and Ticker or Trading Symbol Roivant Sciences Ltd. [ROIV]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
				[1017]							X	Direc	tor		10% O	wner		
(Loot)	(Eir	rot) (I	Middle		2. Date of Fadinat Transaction (Month/Day/Year)							_		Office	er (give title	Other (specify below)		specify
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 01/24/2023							CEO							
C/O ROIVANT SCIENCES LTD.												0.						
7TH FLOOR, 50 BROADWAY																		
(Ctroot)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
LONDO	(Street) LONDON X0 SW1H 0DB										X	X Form filed by One Reporting Person						
LONDO	A.	, 3) W 111	UDB										Form filed by More than One Reporting				
(City)	(St	ate) (2	Zip)											Perso	on			
(Oity)	(01	atc) (z	<u></u>		<u> </u>													
		Table	I - No	on-Deriva	tive S	Secur	rities Acc	quired	, Dis	posed of	, or Be	nefic	ially (Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,				s Acquired (A) or of (D) (Instr. 3, 4 and		nd Securities Beneficially Owned Follow		ties cially I Following	6. Owner Form: I (D) or li (I) (Inst	Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership			
								Code V Amount		(A) or (D)	Price			ed ction(s) 3 and 4)			(Instr. 4)	
Common Shares 01/24/2				2023		J		15,594(1)	D	\$8.5	6(2)	1,1	09,634	Г)			
	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)	of 2. S. Transaction Date Execution Date, or Exercise (Month/Day/Year)		tion Date,	Transaction Code (Instr. 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)		Deriv Secu	8. Price of Derivative Security (Instr. 5) Securities Beneficia Owned Following Reported Transactic (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)		
							1 1	1			4	mount						1

Explanation of Responses:

1. Represents the sale of Common Shares pursuant to a "sell-to-cover" transaction in order to satisfy applicable tax withholding obligations in connection with the vesting and settlement of restricted stock units ("RSUs") previously granted to the reporting person. This sale was effected pursuant to a "sell to cover" policy entered into pursuant to the requirements of Rule 10b5-1 and does not represent a discretionary sale by the reporting person.

Date Exercisable

Expiration Date

2. The price reported in column 4 is a weighted average price. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of Common Shares sold at each separate price within the range set forth in this footnote (2) to this Form 4

(D)

in-Fact for Matthew Gline

Number

of Shares

Title

01/26/2023

** 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.