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

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

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response.	0.5								

Instruc	ction 1(b).			Filed			ection 16(a) 80(h) of the Ir					934		lioui	3 pci ic		0.5	
1. Name and Address of Reporting Person* MOMTAZEE JAMES C				2. Issuer Name and Ticker or Trading Symbol Roivant Sciences Ltd. [ROIV]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
					2 Date of Faulicet Transaction (Month/Dou/Mont)						\dashv		Director		10% O			
(Last)	(Fi	rst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/16/2023								Officer (give title pelow)	9	Other (: below)	specify		
C/O RO	IVANT SCI	ENCES LTD.			4. If A	mendi	ment. Date o	f Origina	l Filed	d (Month/Day	//Year)	6.	Individ	ual or Joint/Grou	up Filir	na (Check A	pplicable	
7TH FLOOR, 50 BROADWAY				4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applica Line) X Form filed by One Reporting Person							
(Street)														orm filed by M		ŭ		
LONDO	N X() S	W1H 0I	OB									ı	Person		•	Ŭ	
					Rule	e 10	b5-1(c)	Tran	sact	tion Indi	cation							
(City)	(St	ate) (2	Zip)		l										···· 1			
			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Table	I - Non	-Deriva	tive S	ecur	ities Acq	uired,	Dis	posed of	or Ber	nefici	ally C	wned				
Date			2. Transac Date (Month/Da	Execution Da		ution Date, /	Date, Transac Code (Ir					nd Se Be O	Amount of ecurities eneficially wned Following	Forn (D) (n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Tr	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Shares			10/16/2	2022			A		1,594(1)	A	\$(75,456 ⁽²⁾ D		75,456 ⁽²⁾ D			
Common	Shares			10/17/2	2023			J		687(3)	D	\$10	10.3 74,769 ⁽²⁾ D			D		
		Tal					ies Acqu varrants,							ned		·		
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		4. Transac Code (I 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 ar Amount of Securitie Underlyin Derivativ Security 3 and 4)	of s ng e	8. Pric Deriva Securi (Instr.	tive derivative ty Securities	i S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)			

Explanation of Responses:

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

(A) (D)

2. The reporting person disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein and the filing of this statement shall not be deemed an admission that the reporting person is, for purposes of Section 16 or otherwise, the beneficial owner of any of the reported securities.

Date

Exercisable

Expiration

Title

3. 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 the above award of restricted stock covering Common Shares. 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.

> By: /s/ Jo Chen, as Attorney-10/18/2023 in-Fact for James C Momtazee

Amount

Shares

** 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).

Code

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.