FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Gline Matthew				2. Issuer Name and Ticker or Trading Symbol Roivant Sciences Ltd. [ROIV]							(Che	Relationship of Reporting Person(s) (Check all applicable) X Director 10				ssuer			
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)						X	X Officer (give title below)			Other (sbelow)			
C/O ROIVANT SCIENCES LTD.					03/1	03/18/2022								C	EO				
11-12 ST. JAMES'S SQUARE, STE 1, 3RD FL																			
					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	N X0	S	W1Y	4LB									X	•					
															Form filed by More than One Reporting Person				orting
(City)	(Sta	ate) (Z	<u>z</u> ip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or E	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Ad Disposed Of (D					5. Amo Securit Benefic Owned Report	ties Fo cially (D) d Following (I)		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount (A) o		or P	rice	Transa	Transaction(s) (Instr. 3 and 4)			(1130.4)	
Common Shares 03/18/20				022			S		82,006(1)	D	D \$5.13		(2) 1,507,283			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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. Deriv		r osed) r. 3, 4	6. Date Exercisable Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Str.	Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Shar	ber					

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 of restricted stock units 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.
- 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.

Remarks:

By: /s/ Jo Chen, as Attorneyin-Fact for Matthew Gline

03/22/2022

Date

** Signature of Reporting Person

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.