## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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)

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

securiti to satis	fy the affirmations of Rule 10b	r that is intended ve defense																	
1. Name and Address of Reporting Person*  MANCHESTER KEITH S				2. Issuer Name and Ticker or Trading Symbol Roivant Sciences Ltd. [ ROIV ]							(Che	eck all applic	cable) or	g Pers	Person(s) to Issuer				
	(First) (Middle) DIVANT SCIENCES LTD. LOOR, 50 BROADWAY					3. Date of Earliest Transaction (Month/Day/Year) 09/10/2024										Officer (give title below)		Other (s below)	pecify
(Street) LONDO (City)	N X	0	SW1H 0D	)B	4.	If Ame	endment, I	Date o	of Original	Filed	(Month/Da	ay/Year)		Line	e) Form f	iled by One iled by Mor	e Repo	(Check App orting Persor n One Repor	า
(O.G)	(0	<u> </u>	ole I - Nor	n-Deriv	ativ	e Se	curities	s Ac	quired,	Dis	posed o	of, or E	Bene	ficiall	y Owned	]			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						2A. Deemed Execution Date if any (Month/Day/Yea		Date,	Code (Instr. 5)						es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	() or ()	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)
Common Shares 09/10,				0/2024						16,406	5(1)	) A \$0 <sup>(1</sup>		1,780,178			D		
		•	Table II -								osed of, onvertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	d Date,	4. Transa Code (	action	5. Number of		6. Date Exercis. Expiration Date (Month/Day/Yea		able and	7. Title of Secu Underl Derivati	7. Title and Am of Securities Underlying Derivative Seci (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		expiration Date	Title	OI N Of	umber					
Stock Option (Right to	\$12.19	09/10/2024			A		27,894		(2)	0	9/09/2034	Commo Share		7,894	\$0	27,89	4	D	

## **Explanation of Responses:**

Buy)

- 1. Reflects an annual award of restricted stock units with respect to Common Shares ("RSUs") granted pursuant to the Company's 2021 Equity Incentive Plan and the Company's Non-Employee Director Compensation Policy. The award of RSUs is scheduled to vest 100% on September 10, 2025, subject generally to the reporting person's continuous service through such date.
- 2. Reflects an annual award of stock options to purchase Common Shares granted pursuant to the Company's 2021 Equity Incentive Plan and the Company's Non-Employee Director Compensation Policy. The award of stock options is scheduled to vest and become exercisable 100% on September 10, 2025, subject generally to the reporting person's continuous service through such date.

By: /s/ Jo Chen, as Attorney-in-09/12/2024 Fact for Keith Manchester

\*\* 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.