FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to
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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting F	erson [*]	2. Issuer Name and Ticker or Trading Symbol	
Roivant Sciences Ltd.		Immunovant, Inc. [IMVT]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
(Last) (First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/13/2025	X Director X 10% Owner Officer (give title Other (specify below) below)
7TH FLOOR 50 BROADWAY		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person
(Street)			Form filed by More than One Reporting Person
LONDON X0	SW1H 0DB	_	
(City) (State)	(Zip)	privative Securities Acquired Disposed of or Bone	

rivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock, \$0.0001 par value per share	01/13/2025		Р		16,845,010	Α	\$20	96,650,341	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)				Expiration Date (Month/Day/Year)		d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

Explanation of Responses:

Remarks:

The Reporting Person is deemed to be a "director by deputization" of the Issuer for purposes of Section 16 of the Securities Exchange Act of 1934 by virtue of the fact that Frank M. Torti, M.D. (who serves as Vant Chair of Roivant Sciences, Inc. ("RSI"), a subsidiary of the Reporting Person), Eric Venker, M.D., Pharm.D. (who serves as President, Chief Operating Officer of RSI) and Andrew Fromkin (who serves as the Vant Portfolio Operating Partner for RSI) each currently serve on the board of directors of the Issuer on behalf of the Reporting Person.

> /s/ Keyur Parekh, as Authorized 01/15/2025 Signatory

** 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.