FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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OIVIB APPR	OVAL				
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).

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 10b5-

## 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(0). 0	ee instruction	10.																		
Name and Address of Reporting Person*     Muzzey Dale						2. Issuer Name and Ticker or Trading Symbol  MYRIAD GENETICS INC [ MYGN ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
<u>Widzzey Daie</u>															ector			-		
														-	Officer (give titl below)			Other (s	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									Chief Scientific Officer					
322 NORTH 2200 WEST			01/01/2025								Ciner Scientific Officer									
					<u> </u>															
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
SALT L	AKE U	т я	4116												Form filed by One Reporting Person					
CITY	Ü		1110												Form filed by More than One Reporting					
-															Person					
(City)	(S	tate) (2	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of	Security (In:	str. 3)		2. Transac	tion							(A) or	A) or 5. Amount of				7. Nature			
	- '	•		Date (Month/Da	v/Year)	Execution Date, v/Year) if any			Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			3, 4 an	4 and Securities Beneficial		Form: Direct (D) or Indirect		of Indirect Beneficial			
(Monut			(	(Month/Day/Ye		/Year)						Owr	Owned Following Reported		nstr. 4)	Ownership (Instr. 4)				
								Code	v	Amount	(A) or Price		Price	Transaction(s)				(instr. 4)		
								1	Ľ		(D)			(Ins	(Instr. 3 and 4)					
Common Stock 01/01/2					2025			F		417 <sup>(1)</sup> D		)	\$13.7	71	107,144		D			
		Ta	ble II -	Derivati	ive Se	curi	ties /	Acau	ired. I	Disp	osed of,	or Be	enef	icial	lv Owr	ed	*	<u>'</u>		
											onvertib					-				
1. Title of	2.			3A. Deemed		41	5. Number				7. Title and			8. Price			10.	11. Nature		
Derivative Security	Conversion or Exercise		Execution Date, if any		Transaction Code (Instr.				Expiration Date Amount of (Month/Day/Year) Securities				Derivativ Security	e derivative Securities		Form: 'lı	of Indirect Beneficial			
(Instr. 3)	Price of Derivative		(Month	(Month/Day/Year)		8)		Securities Acquired					Underlying Derivative		(Instr. 5)	Beneficial Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
	Security						(A) or			Security (In					Following	owing (I) (				
								Disposed of (D) (Instr. 3, 4		3			3 and 4)			Reported Transaction	n(s)			
												1				(Instr. 4)				
					$\square$		and s	5)												
													Am	ount						
									Date				Nur	nber						
					Code V			(A) (D)		sable	Expiration Date	Title Sh		res						
								_ ` `												

## Explanation of Responses:

1. Represents shares withheld by the Company to satisfy tax withholding obligations in connection with the vesting of restricted stock units granted to the reporting person. The number of shares of Myriad common stock withheld was determined based on the closing price of Myriad common stock on December 31, 2024.

## Remarks:

By: Justin Hunter For: Dale 01/02/2025 Muzzey

\*\* 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.