FORM 4

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

Washing

aton, D.C. 20549	
J.S., 2.0. 200 10	OMB APPROVAL

O IVID / II I	(OV/L							
OMB Number: 3235-0								
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).

## 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

Name and Address of Reporting Person*     Munk Natalie						2. Issuer Name <b>and</b> Ticker or Trading Symbol MYRIAD GENETICS INC [ MYGN ]									all app Direc	tor		10% O	wner	
(Last) 322 NOF	(Fii RTH 2200 V	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/22/2024									X	Officer (give title below)  Chief Account		Other (sp below) Inting Officer		specify	
(Street) SALT LA	AKE UI	7 8	4116		4. If <i>F</i>											6. Individual or Joint/Group Filing (Check App Line)  X Form filed by One Reporting Person  Form filed by More than One Report Person				
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instrusting satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										uction or writt	ten pla	n that is inte	nded to		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Exec if any	Deemed cution Date, y nth/Day/Year)		3. 4. Securitie Disposed Code (Instr. 8)				l and Securit Benefit Owned		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount	(A) or (D)	Price		Transa	Reported Transaction(s) (Instr. 3 and 4)			(111511. 4)					
Common Stock 03/22/2						2024					363	D	\$22	.24	24 46,365			D		
Common Stock 03/24/2						2024					401	D	\$22	.24 45,964		5,964	D			
Common Stock 03/24/2						2024					580	D	\$22	45,384		5,384	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)	if any	emed ion Date, /Day/Year)		Transaction Code (Instr.		vative urities uired or osed )) r. 3, 4	6. Date Expirati (Month/	ion Da		Amount of		Der Sec	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	O N O	umber							

## 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 March 22, 2024.
- 2. Represents shares withheld by the Company to satisfy tax withholding obligations in connection with the vesting of performance-based 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 March 22, 2024.

## Remarks:

By: Justin Hunter For: Natalie Munk

03/25/2024

\*\* 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.