**Form 4**

**United States Securities and Exchange Commission**

Washington, D.C. 20549

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**OMB APPROVAL**

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

**Reporting Person**

Verratti Mark

(Last)  (First)  (Middle)

322 NORTH 2200 WEST

SALT LAKE CITY UT 84116

**Issuer Name and Ticker or Trading Symbol**

MYRIAD GENETICS INC [MYGN]

**Date of Earliest Transaction**

09/21/2023

**Relationship of Reporting Person(s) to Issuer**

Director 10% Owner

Officer (give title below)

Chief Commercial Officer

**Transaction Indication**

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security (Instr. 3)</th>
<th>Transaction Date (Month/Day/Year)</th>
<th>Deemed Execution Date, if any (Month/Day/Year)</th>
<th>Transaction Code (Instr. 8)</th>
<th>Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>09/21/2023</td>
<td>F</td>
<td>1,076</td>
<td>D $16.77 261,628</td>
<td>D</td>
<td>Direct</td>
<td>10% Owner</td>
</tr>
</tbody>
</table>

**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 September 21, 2023.

**Remarks:**

By: Justin Hunter For: Mark Verratti

**Signature of Reporting Person**

Date 09/22/2023

**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.