# FORM 4

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

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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 10b5Filed 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*     Reitan Colleen F						2. Issuer Name and Ticker or Trading Symbol  MYRIAD GENETICS INC [ MYGN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
														1	Direc			10% O	wner
(Last) 322 NOF	ast) (First) (Middle) 22 NORTH 2200 WEST				3. Date of Earliest Transaction (Month/Day/Year) 09/03/2024										Office below	er (give title v)		Other (below)	specify
(Street) SALT LAKE CITY UT 84116			4116		4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv Line)	ridual or Joint/Group Filing (Check Applicab Form filed by One Reporting Person Form filed by More than One Reporting				on
(City)	(Sta	ate) (Z	Zip)	_											Perso	on		·	Č
		Table	I - Non-De	rivat	ive S	Secui	rities	Ac	quire	d, Di	sposed of	f, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye					ar) E	fany	on Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			d 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		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							
Common	/202	:4				<b>S</b> <sup>(1)</sup>		46,012	D	\$27.9	46(2)	42,533		D					
		Tal	ble II - Deri (e.g.								osed of, convertib				Owne	d			
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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		Der Sec (Ins	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Owner Form: Direct or Ind (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares						

#### **Explanation of Responses:**

- 1. The transactions reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$27.45 to \$28.47, inclusive. The Reporting Person undertakes to provide to Myriad Genetics, Inc., any security holder of Myriad Genetics, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

## Remarks:

By: Justin Hunter For: Colleen 09/04/2024 F. Reitan

\*\* 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.