FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 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* Riggsbee Richard Bryan | | | | | | 2. Issuer Name and Ticker or Trading Symbol MYRIAD GENETICS INC [MYGN] | | | | | | | | | eck all app Direc | licable) tor | | rson(s) to Is | vner |
|--|--|---|--------------------------------|---|---|---|---|--|------------------|-------|--|--------------------------------------|--------------------------------|--|--|--|--|--|---|
| (Last) 322 NOF | (Fir | , | | 3. Date of Earliest Transaction (Month/Day/Year) 01/29/2024 | | | | | | | | | belov | Officer (give title below) Chief Finan | | Other (s below) | specify | | |
| (Street) SALT LAKE CITY UT 84116 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | y/Year) Exec | | Deemed cution Date, ny nth/Day/Year) | | | | Disposed (| ies Acquired (A Of (D) (Instr. 3, | | | Benefic Owned | ties Fo cially (D) I Following (I) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock | | | | | | | | 291,812 | | 1,812 | | 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) | tive Conversion Date Execution Date or Exercise (Month/Day/Year) if any | | on Date, Transact Code (In: | | | | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | | 3. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

Pomarke

This "Exit" Form 4 is voluntarily filed to report solely that the Reporting Person is no longer serving in the role as the Company's Chief Financial Officer, effective January 29, 2024, and therefore is no longer subject to Section 16 reporting.

By: Justin Hunter For: Richard Bryan Riggsbee

01/31/2024

** 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.