FORM 4

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

STATEMENT	OF	CHANGES	IN I	BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average bur	rden								
hours per response:	e: 0.5								

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

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*     DIAZ PAUL J					2. Issuer Name <b>and</b> Ticker or Trading Symbol MYRIAD GENETICS INC [ MYGN ]										k all app Direc	tor		10% O	wner
(Last) 322 NOF	(Fi RTH 2200 V	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/22/2024								X	X Officer (give title below) Other (spe below)  President and CEO				
(Street) SALT LA	AKE UT 84116			4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi ₋ine) X	′					
(City)	(St	ate) (Z	Zip)		Rul	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 - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	or Be	enefic	ially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date				Execution Date,			3. Transaction Disposed Of (D) (Instr. 3 5)				4 and Securit		ties For cially (D) I Following (I) (		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Pric	e	Transa	action(s) 3 and 4)			(111511. 4)
Common Stock 03/				03/22/2	2024				F <sup>(1)</sup>		20,202	D	\$22	2.24	1,339,832			D	
Common	Stock			03/24/2	.024				F <sup>(1)</sup>		18,589	D	\$22	2.24	1,3	21,243		D	
Common Stock 03/24/2			2024				F <sup>(2)</sup>		27,233	D	\$22	2.24	1,294,010			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)	erivative   Conversion   Date   Execution Date, courity   or Exercise   (Month/Day/Year)   if any		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Disport of (D	r osed ) r. 3, 4	6. Date Expirat (Month	ion Da	ear) Securities Underlying Derivative Security (Inst 3 and 4)		t of ies ying ive y (Instr. )	Der Sec (Ins	erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	0. Dwnership 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		Number of Shares						

## **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: Paul J. Diaz

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.