FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Capone Mark Christopher (Last) (First) (Middle) | | | | | | Susuer Name and Ticker or Trading Symbol MYRIAD GENETICS INC [MYGN] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | ck all applic Directo Officer below) | cable) or (give title | | 10% Ow Other (s below) | ner | |
|--|---|--|--|--------|--|--|--|--|---|------------|--|--|-----------------|---|--|---|------------------------------------|--|---------------------------------------|--|
| 20 WAK | 0 WAKARA WAY 05/30/2018 President & C.E.O | | | | | | | | | | .E.U. | | | | | | | | | |
| (Street) SALT LA | AKE U | г | 84108 | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deri | vativ | e Se | curit | ties Ac | quired | , Dis | sposed o | f, or B | enef | icially | Owned | | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. r) 8) | | n Disposed | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | es ally Following | Form (D) o | n: Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transact (Instr. 3 | ion(s) | | | (Instr. 4) | |
| Common | Stock | | | 05/3 | 0/201 | 8 | | | М | | 90,00 | 0 / | 1 4 | 22.93 | 422 | 422,175 D | | | | |
| Common | Stock | | | 05/3 | 0/201 | 8 | | | S | | 90,00 | 0 I |) | \$38 | 332 | ,175 | D | | | |
| | | - | Гable II - | | | | | | | | osed of, converti | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | :e | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | urity | B. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nui of | mber ares | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$22.93 | 05/30/2018 | | | M ⁽¹⁾ | | | 90,000 | 05/30/2 | 018 | 09/10/2018 | Commo Stock | ⁿ 90 | ,000 | \$0.00 | 0 | | D | | |

Explanation of Responses:

1. This transaction was effected pursuant to a Rule 10b5-1 trading plan.

Remarks:

By: Richard Marsh For: Mark

C Capone

06/01/2018

** 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.