FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIA	L OWNERSHIP

l	OWR APPRO	VAL
l	OMB Number:	3235-0287
l	Estimated average burde	en
l	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).

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* <u>Houston John G</u>					2. Issuer Name and Ticker or Trading Symbol ARVINAS, INC. [ARVN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
													X	Directo	r	10% Owner		ner		
(Last)	(F	irst)	(Middle)		3. [Date of Earliest Transaction (Month/Day/Year)								X	Officer below)	(give title		Other (s below)	pecify	
C/O ARVINAS, INC.				07/	07/11/2019								President and CEO							
5 SCIENCE PARK, 395 WINCHESTER AVE.																				
5 SCIENCE PARK, 555 WINCHESTER AVE.				_ 4 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)					4. If Americanions, Date of Original Filed (Month/Day/Tear)								Line)							
NEW HA	AVEN C	Γ	06511											X		•		orting Persor		
(City) (State) (Zip)				-										Form filed by More than One Reporting Person						
(City)	(5	tate)	(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transc Date (Month/E				action 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 3. 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				4 and Securitie Beneficia Owned F		es For ally (D) Following (I) (rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	,	Amount	(A) or (D)		rice	Reported Transact (Instr. 3 a	tion(s)		[Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
									, options						• · · · · · · ·					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	Date,	Code (I		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisi Expiration Date (Month/Day/Yea			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e Cos Fally Cos (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amo or Num of Sha							
Stock Option (right to buy)	\$16	07/11/2019 ⁽¹⁾			A		13,360		07/11/2019	09	9/25/2028	Common Stock	13,	360	\$0.00	13,360	0	D		

Explanation of Responses:

1. On September 26, 2018, the reporting person was granted an option to purchase 13,360 shares of common stock, which was reported on Form 4 filed September 28, 2018. The option vests upon achievement of a regulatory milestone for the Issuer's estrogen receptor program. On July 11, 2019, the compensation committee of the Issuer determined that the regulatory milestone was met, resulting in vesting of the option in full.

Remarks:

/s/ Matthew Batters, as attorney-in-fact for John G.

07/15/2019

Houston

** 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.