FORM 4

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

| Washington, D | .C. 20549 |
|---------------|-----------|
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEME |
|---|---------|
| obligations may continue. See Instruction 1(b).                     | Fil     |
|   |         |

## ENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 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

| Name and Address of Reporting Person*     Cassidy Sean A     |  |       |         |   | 2. Issuer Name and Ticker or Trading Symbol ARVINAS, INC. [ ARVN ] |  |                       |  |  |                    |   |  |   |   | k all app<br>Direc   | tor                          | ng Per  | 10% Ov   | /ner       |
|--|--|-------|---------|---|--|--|-----------------------|--|--|--------------------|---|--|---|---|--|------------------------------|---|--|------------|
| (Last)   | (Fi<br>VINAS, IN   | ,     | Middle) |   |  | 3. Date of Earliest Transaction (Month/Day/Year)  02/23/2024  X Officer (give below)  Chief  |                       |  |  |                    |   |  |   |   |  |                              | ncial   | Other (s<br>below)<br>Officer                                      | specify    |
| 5 SCIENCE PARK, 395 WINCHESTER AVE.                          |  |       |         |   | 4. If A  | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |                       |  |  |                    |   |  |   | 6. Individual or Joint/Group Filing (Check Applicable Line) |  |                              |   |  |            |
| (Street) NEW HAVEN CT 06511                                  |  |       |         |   |  |  |                       |  |  |                    |   |  | 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 - No  | n-Deriva                                | ative S  | Secu   | rities                | Acq  | uired,   | , Dis              | posed of  | , or E                                 | Benefic   | cially  | y Own  | ed                           |   |  |            |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day |  |       |         | y/Year) Exec                            |  | Deemed<br>cution Date,<br>y<br>nth/Day/Year)   |                       | 3. 4. Securities Acquir<br>Transaction Disposed Of (D) (Ins<br>Code (Instr. 8) |  |                    |   |  | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following                       |   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |                              | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership               |  |            |
|  |  |       |         |   |  |  |                       |  | Code   | v                  | Amount  | (A)<br>(D)                             | or Pric   | e   |  | ted<br>action(s)<br>3 and 4) |   |  | (Instr. 4) |
| Common Stock 02/23/2   |  |       |         |   | 2024   |  |                       | S  |  | 1,702(1)           |   | \$4                                    | 7.05  | .05 181,916   |  |                              | D   |  |            |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |       |         |   |  |  |                       |  |  |                    |   |  |   |   |  |                              |   |  |            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any   |       |         | 4.<br>Transaction<br>Code (Instr.<br>8) |  | of   | r<br>osed<br>(1. 3, 4 | Expirat  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |  | De<br>Se<br>(In   | Price of<br>rivative<br>curity<br>str. 5)                   | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | y   1                        | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |            |
|  |  |       |         | Code                                    | v  | (A)  | (D)                   | Date<br>Exercisable  |  | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |   |  |                              |   |  |            |

## **Explanation of Responses:**

1. This sale was made to cover withholding taxes following the vesting of previously granted Restricted Stock Units.

## Remarks:

/s/ John Houston, as attorneyin-fact for Sean A Cassidy

02/27/2024

\*\* 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.