FORM 4

Check this box if no longer subject Section 16. Form 4 or Form 5

obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

onigations 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* IXON WENDY L	2. Issuer Name and Ticker or Trading Symbol <u>ARVINAS, INC.</u> [ARVN]	5. Relatio (Check al						

1. Name and Address of Reporting Person* <u>DIXON WENDY L</u>				2. Issuer Name and Ticker or Trading Symbol ARVINAS, INC. [ARVN]							(Ch	eck all appli	tionship of Reporting P all applicable) Director		son(s) to Is 10% Ov			
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023								Officer below)	(give title		Other (s	specify	
C/O ARVINAS, INC.				4. If An	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. lr	6. Individual or Joint/Group Filing (Check Applicable						
5 SCIENCE PARK, 395 WINCHESTER AVE.											Line	,	Form filed by One Reporting Person					
(Street) NEW HAVEN CT 06511													iled by Moi		oning Person			
				Rule	Rule 10b5-1(c) Transaction Indication													
(City)	(S	itate)	(Zip)		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.													
		Tab	le I - Noi	า-Deriv	ative S	ecurities Ac	quire	l, Di	sp	osed o	of, o	r Bene	eficial	ly Owned	t			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,		Code	Transaction Dispose Code (Instr. 5)				Acquired (D) (Instr		Benefici Owned	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
					Code	· v	,	Amount (A) or (D)		(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 06/15/				/2023		A			4,121	(1)	A	\$0		9,121		D		
		7				curities Acq lls, warrants								Owned				
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, Curity or Exercise (Month/Day/Year) if any		4. Transactio Code (Inst B)		Expirat	5. Date Exercisable and Expiration Date Month/Day/Year)			Amo Seci Und Deri	itle and ount of urities lerlying ivative So tr. 3 and		8. 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)		

Explanation of Responses:

\$30.33

1. The restricted stock units (each, an "RSU") were granted by the Issuer on June 15, 2023 and each RSU represents a contingent right to receive one share of the Issuer's common stock upon settlement for no consideration. The RSUs shall vest in full on the earlier of June 15, 2024 or the first meeting of the board of directors of the Issuer held after the following annual meeting of stockholders.

Date Exercisable

(2)

2. This option award was granted on June 15, 2023. The shares underlying the award shall vest in full on the earlier of June 15, 2024 or the first meeting of the board of directors of the Issuer held after the following annual meeting of stockholders.

Remarks:

Stock Option (right to

> /s/ Matthew Batters, as attorney-in-fact for Wendy

Amount or Number

of Shares

12,787

06/20/2023

12,787

D

Expiration Date

06/14/2033

Title

Common Stock

** Signature of Reporting Person

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).

06/15/2023

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

A

(A)

12,787

(D)

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.