FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL									
	OMB Number:	3235-0287								
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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

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1. Name ar Cassidy		2. Issuer Name and Ticker or Trading Symbol ARVINAS, INC. [ARVN]										eck all appli	onship of Reporting all applicable) Director Officer (give title		Person(s) to Issuer 10% Owner Other (specify								
(Last)	(F /INAS, IN		3. Date of Earliest Transaction (Month/Day/Year) 08/07/2019										helow)	below) below) Chief Financial Officer			pechy						
5 SCIEN	CE PARK,	395 WINCHES	4 16	A 16 Assessment Date of Original Filed (About ID 27)										6. Individual or Joint/Group Filing (Check Applicable									
(Street)	Street) NEW HAVEN CT 06511					4. If Amendment, Date of Original Filed (Month/Day/Year)										X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	City) (State) (Zip)																	Person					
		Tab	le I - Non	-Deriv	ative	Sec	curiti	ies Ac	quire	d, Di	isp	osed o	of, or	3ene	eficial	ly Owne	d						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ar) E	Execut f any	. Deemed ecution Date, iny onth/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				Benefic	es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Cod	le V	.	Amount	(4) or)	Price	Transac	nsaction(s) str. 3 and 4)			111301. 4)			
Common	Stock			08/07	7/2019	9			M			6,250	0	A	\$16	169	9,115		D				
		7	able II - I	Deriva (e.g., p												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 (I 8)		of		6. Date Exercisal Expiration Date (Month/Day/Year		ate	le and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. 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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Exp Dat	oiration te	Title	O N O	umber								
Stock Option (right to buy)	\$16	08/07/2019			M			1,980	(1)		09/	25/2028	Comm		1,980	\$0.00	0		D				
Stock Option (right to buy)	\$16	08/07/2019			M			2,212	(2)		09/	25/2028	Comm		2,212	\$0.00	12,94	8	D				
Stock Option (right to	\$16	08/07/2019			M			2,058	(3)		09/	25/2028	Comm		2,058	\$0.00	3,142	2	D				

Explanation of Responses:

- 1. This option award was granted on September 26, 2018, and the shares underlying the award were fully vested upon grant.
- 2. This option award was granted on September 26, 2018. 1/4 of the shares underlying the award vested as of January 1, 2017, with the remainder of the shares vesting in equal monthly installments following January 1, 2017 through January 1, 2020.
- 3. This option award was granted on September 26, 2018. 1/4 of the shares underlying the award vested as of January 1, 2019, with the remainder of the shares vesting in equal monthly installments following January 1, 2019 through January 1, 2022.

Remarks:

/s/ Matthew Batters as attorney-in-fact for Sean

08/09/2019

Cassidy

** 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.