FORM 4

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

Washington,	D.C.	20549
vasimigton,	D.O.	200-0

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average bu	urden								
hours per recognoses:	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

Name and Address of Reporting Person*     Heyman Richard A.					2. Issuer Name and Ticker or Trading Symbol PMV Pharmaceuticals, Inc. [ PMVP ]								5. Re (Cheo	k all applic	cable)	g Pers	son(s) to Iss		
(Last) (First) (Middle) C/O PMV PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 11/11/2020									Officer below)	(give title		Other (: below)	specify	
8 CLARKE DRIVE, SUITE 3					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
(Street)	URY N	J	08512											Line)		iled by Mor		orting Perso n One Repo	I
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	-Deriv	ative	Se	curities	s Ac	quired,	Dis	posed o	f, or Be	nefic	cially	Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution D ay/Year) if any		ecution Date,		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		4 and Securiti		ally following	Form (D) o	6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) o	r Pr	rice	Transact (Instr. 3 a	ion(s)			(111501.4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, Trustity or Exercise (Month/Day/Year) if any			ansaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)			3. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	nber					
Stock Option (right to buy)	\$4.22	11/11/2020			A		45,332		(1)	(	06/22/2030	Common Stock	45,3	332	\$0.00	45,333	2	D	

## **Explanation of Responses:**

1. The shares subject to the option vested upon (a) the closing of the Issuer's initial public offering which resulted in at least \$100,000,000 in gross proceeds with a price per share equal to at least the lowest price per share in the range on the cover of the preliminary prospectus statement utilized on the road show in connection with such initial public offering, which closed effective as of September 29, 2020, and (b) Reporting Person being a contributing factor to the closing of such initial public offering, as determined solely by the Issuer's board of directors on November 11, 2020.

## Remarks:

This Form 4 is being filed to report the completion of the performance criteria and vesting conditions applicable to that certain Stock Option originally reported on the Form 3 filed by the Reporting Person on September 24, 2020.

/s/ Winston Kung, attorney-in-

11/12/2020

<u>fact</u>

\*\* 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.