Instruction 1(b).

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 obligations may continue. See

## STATEMENT 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*     Schroeder Thilo					2. Issuer Name <b>and</b> Ticker or Trading Symbol PMV Pharmaceuticals, Inc. [ PMVP ]								Check a		licable)	ting Pe	erson(s) to	Issuer Owner	
(Last)	(Fir	st) (NACEUTICALS,	Middle)													Other below	(specify )		
8 CLARKE DRIVE, SUITE 3				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	URY NJ	0	8512									X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	ate) (Z	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y			Year) i	Execution Date,		``	3. Transaction Code (Instr. 8) 4. Securities of Disposed Of (			Acquire (D) (Inst	ed (A) or tr. 3, 4 and	nnd 5)   Securiti Benefici Owned		es ally Following	Form (D) or	nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price	Tra	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 05/10/202			)21	21		S <sup>(1)</sup>		1,787	D	\$35.67	2,104,414		4,414	I		See footnote <sup>(3)</sup>			
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)				Expi (Mor	ate Exer ration D nth/Day/		7. Titl Amou Secui Unde Deriv Secui 3 and	int of rities rlying ative rity (Instr. 4)	Deriva Secui	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	or Number of Shares							

## **Explanation of Responses:**

- 1. Shares were sold pursuant to a Rule 10b5-1 trading plan.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$35.60 to 35.77 inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 3. The shares are held of record by Nextech V Oncology S.C.S., SICAV-SIF. The Reporting Person is a partner at Nextech Invest AG and in the Investment Committee of Nextech Invest AG, with significant influence over Nextech V Oncology S.C.S., SICAV-SIF in terms of investment decisions, selling strategy of shares and voting power and as a result, may be deemed to have beneficial ownership over such securities. The Reporting Person disclaims beneficial ownership over the shares reported herein except to the extent of his pecuniary interest therein, if any.

## Remarks:

/s/ Darren DeStefano,

Attorney-in-Fact

05/12/2021

\*\* 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.