FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

to Sector	tion 16. Form 4 tions may contil tion 1(b).	or Form 5	Filed	I pursuant to S	Section 16(a	a) of the	e Secu	ırities Exchanç Company Act o	ge Act o	f 1934		ll ll	mated average l		0.5
1. Name and Address of Reporting Person* Schroeder Thilo				2. Issuer Name and Ticker or Trading Symbol PMV Pharmaceuticals, Inc. [PMVP]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O PMV PHARMACEUTICALS, INC. 8 CLARKE DRIVE, SUITE 3				3. Date of Earliest Transaction (Month/Day/Year) 10/06/2021						Office below	er (give title v)	itile Other (s _i below)		ecify	
(Street) CRANBURY NJ 08512				4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St		I - Non-Deriva	ative Secu	rities Ac	auire		isnosad of	f or B	enefic	ially Own				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)			n 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) (Disposed Of (D) (Instr. 3, 4)				d (A) or	5. Amount of securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Indi Ben Owr	7. Nature of Indirect Beneficial Ownership	
							v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)		(Ins	(Instr. 4)
Common Stock 10/06/20			21	1			800	D	\$30.15	j ⁽²⁾ 1,10	1,101,283		See foo	e otnote ⁽³⁾	
		Tal	ole II - Derivat (e.g., pı					posed of, , convertib				d			
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)	Code (Instr. Derivative		Expi (Mor	iration Date An nth/Day/Year) Se Un De			e and nt of ities lying ative ity (Instr. 4)	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e Owners s Form: Direct (or Indii (i) (Inst	ship ((D) (rect (11. Nature of Indirect Beneficial Ownership (Instr. 4)

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 \$30.03 to \$30.25 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.

Date

Exercisable

Expiration Date

Title

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.

and 5)

(A) (D)

Remarks:

/s/ Darren DeStefano,

Amount Number

Shares

10/08/2021

Attorney-in-Fact ** 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).

Code

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.