FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

or Section 30(h) of the Investment Company Act of 1940

washington,	D.C.	20343	

Washington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL							
OMB Number: 3235-028							
Estimated average burden							
hours per response:	0.5						

1. Name and Address of Reporting Person*  LEVINE ARNOLD J				2. Issuer Name and Ticker or Trading Symbol PMV Pharmaceuticals, Inc. [ PMVP ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
LEVIN	<u>IE ARNO</u>	<u>LD J</u>			1 W V Tharmaccaticals, me. [ 1 W V I ]						X C	Directo	r		10% Ov	vner	
	V PHARM	ACEUTICALS,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/12/2021							Officer elow)	(give title		Other (s below)	specify	
8 CLARKE DRIVE, SUITE 3				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable							
(Street)	URY N.	J (	08512								Liı	X F		iled by One iled by More		Ü	I
(City)	(Si	tate)	(Zip)														
		Tab	le I - N	lon-Deriv	ative Se	curities A	cquire	ed, D	isposed c	of, or B	eneficia	lly Ov	vned	l			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y			Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 1)				5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	Amount	(A) or (D)	Price	Tr	Transaction(s) (Instr. 3 and 4)				(111341.4)		
Common	Stock			07/20/20	21		S <sup>(1)</sup>		3,500	D	\$35.122	.226 <sup>(2)</sup> 416,842 D					
	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)	rative   Conversion   Date   Execution Date,   Trar rity   or Exercise   (Month/Day/Year)   if any   Cod		Transaction Code (Instr		6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## Explanation of Responses:

\$28.33

 $1. \ The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 27, 2021.$ 

Code

Α

(A)

5,781

(D)

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$34.54 to \$35.53, 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.

Date Exercisable

(3)

3. Shares subject to the option vest in 36 equal monthly installments beginning on June 12, 2021.

## Remarks:

Option

(right to

/s/ Winston Kung, by power of attorney

Amount or Number

5,781

\$0.00

Title

05/11/2031

Commor

07/22/2021

5,781

D

\*\* 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).

05/12/2021

\*\* 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.