Instruction 1(b).

FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-028							

0.5

Estimated average burden hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Gallagher Carol Giltner					2. Issuer Name <b>and</b> Ticker or Trading Symbol PMV Pharmaceuticals, Inc. [ PMVP ]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Ganagner Caror Gittilet						, , , ,								X Director			10% Owi	ner
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/08/2023								Officer below)	(give title		Other (sp below)	ecify
C/O PMV PHARMACEUTICALS, INC. 1 RESEARCH WAY				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
													X Form filed by One Reporting Person Form filed by More than One Reporting					
(Street) PRINCE	TON N	J	08540											Person		man Or	е кероп	
				Rul	Rule 10b5-1(c) Transaction Indication													
(City)	(S	itate)	(Zip)	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Ta	ble I - Non-	-Deriv	ative :	Secu	ıritie	s Acq	uired, I	Disp	osed of	, or Bei	neficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date,		Transaction Disposed O Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 and		Beneficia Owned F	s ally ollowing (	6. Owner Form: Di (D) or Ind (I) (Instr.	rect o direct B 4) C	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)		(	Instr. 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Co	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable at Expiration Date (Month/Day/Year)		e	Amount of		8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	y Ov Fo Di or (I)	vnership orm: rect (D) Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	ode V	(A)	)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares		Transaction (Instr. 4)	n(s)		
Stock Option (right to buy)	\$5.59	06/08/2023			A	21,	,500		(1)		06/07/2033	Common Stock	21,500	\$0.00	21,500		D	
Stock Option (right to buy)	\$5.59	06/08/2023			G			21,500	(1)		06/07/2033	Common Stock	21,500	\$0.00	0		D	
Stock Option (right to	\$5.59	06/08/2023			G	21,	,500		(1)		06/07/2033	Common	21,500	\$0.00	21,500		I	See footnote <sup>(2)</sup>

## **Explanation of Responses:**

- 1. Shares subject to the option vest on the earlier of (i) June 8, 2024 or (ii) the day prior to the date of the Issuer's next annual meeting of stockholders.
- 2. The securities are held of record by The Gallagher Revocable Trust dated May 10, 2011 for which the reporting person serves as a trustee.

## Remarks:

buy)

/s/ Winston Kung, by power of at<u>torney</u> \*\* Signature of Reporting Person

06/12/2023

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.