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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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|--|--|--------|---------|---|---|--|---------------------------|--|---------------------|-------|--|-----------------------------------|---|---|---|----------------------------------|--|---|------------|--|
| 1. Name and Address of Reporting Person* Zhen Marianne | | | | | 2. Issuer Name and Ticker or Trading Symbol Innoviva, Inc. [INVA] | | | | | | | | | ationship k all app Direc | licable) | ng Pe | rson(s) to Is 10% Ov | | | |
| (Last) 1350 OL | (Fir | st) (M | Middle) | E 400 | | 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2023 | | | | | | X | below | er (give title v) nief Accountir | | Other (specify below) g Officer | | | | |
| (Street) BURLINGAME CA 94010 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | Dul | Dula 10h5 1(a) Transportion ladication | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| | | | | | $ _{\Box}$ | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In | | | | | | uant to | | | | | | nded to | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | , Dis | posed of | , or Be | enefi | cially | / Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | Date, | 3. 4. Securities Acquirities A | | | s Acquir Of (D) (In: | quired (A) or (Instr. 3, 4 and | | 5. Amount of Securities Beneficially Owned Following Reported | | Form: Direct | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | (A) or (D) | Pric | e | Transa | action(s) 3 and 4) | | | (IIISU. 4) | |
| Common Stock 11/15/2 | | | | | 2023 | | S | | 5,589 | D | \$1 | 4.01 | 01 45,563 | | | D | | | | |
| Common Stock 11/15/2 | | | | | 2023 | | | S | | 5,405 | D | \$1 | 3.97 | 7 40,158 | | | 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) | ative Conversion Date Execution Date, if any | | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Disport (D | r osed) r. 3, 4 | Expiration D (Month/Day/ | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | | Amoun or Numbe of Shares | | | | | | | |

Explanation of Responses:

/s/ Marianne Zhen

11/17/2023

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).