FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL OMB Number: 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* HULME GEOFFREY | | | | | | 2. Issuer Name and Ticker or Trading Symbol Innoviva, Inc. [INVA] | | | | | | | | | heck all ap Dire | ionship of Reporting F all applicable) Director | | Person(s) to Issuer 10% Owner Other (specify | |
|--|---|--------------|---|--|-------------|---|--|---|------|---|--------------------------|-----------------------|--|--|---------------------------|--|--|---|--|--|
| (Last) 1350 OL | | (First |) (I RE HIGHWAY, | Middle) SUITE | 400 | | 3. Date of Earliest Transaction (Month/Day/Year) 02/20/2020 | | | | | | | | | | er (give title w) erim Princ | below cipal Exec Office | |)`` |
| (Street) BURLIN (City) | | CA (State | | 14010 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual Line) X | | | | | | | | ne) X Forr Forr | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Ac | quired | , Dis | sposed o | f, or | Bene | ficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Exe if a | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5) | | | | 5. Amo Securit Benefic Owned Reporte | ies ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa (Instr. 3 | ction(s) | | | (msu. 4) |
| Common | Stock | | | | 02/20/ | 2020 | | | | F | | 1,549 ⁽¹⁾ | I |) ; | \$15.1 | 29 | 735 ⁽²⁾ | | | |
| Common | Stock | | | | | | | | | | | | | | | 3 | 3,500 I See Footno | | | |
| | | | Та | | | | | | | | | osed of, convertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversio or Exercis Price of Derivative Security | on C | 8. Transaction Date Month/Day/Year) | 3A. Deen Executio if any (Month/D | on Date, | | Transaction Code (Instr. | | of | | Exerci on Da Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

- 1. The shares were withheld by the Issuer to satisfy income tax withholding obligations associated with the quarterly vesting of previously granted employee equity grants.
- 2. Includes 284 shares of common stock acquired under the Innoviva, Inc. Employee Stock Purchase Plan (ESPP) on November 15, 2019.
- 3. The reportable securities are owned directly by Steel Valley Capital LLC. The Reporting Person is the owner and manager of Steel Valley Capital LLC.

/s/ Geoffrey Hulme 02/24/2020

** 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.