FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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6. Nature of

Indirect Beneficial

Ownership (Instr.

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

3. Issuer Name and Ticker or Trading Symbol 2. Date of Event 1. Name and Address of Reporting Person Requiring Statement Innoviva, Inc. [INVA] **Koziel Margaret** (Month/Day/Year) 07/31/2023 4. Relationship of Reporting Person(s) to 5. If Amendment, Date of Original Filed (Month/Day/Year) (Last) (First) (Middle) (Check all applicable) Director 10% Owner 1350 OLD BAYSHORE HIGHWAY, Officer (give Other (specify SUITE 400 title below) below) Chief Medical Officer 6. Individual or Joint/Group Filing (Street) (Check Applicable Line) **BURLINGAME CA** 94010 Form filed by One Reporting Person Form filed by More than One (City) (State) (Zip) Reporting Person Table I - Non-Derivative Securities Beneficially Owned 2. Amount of Securities 1. Title of Security (Instr. 4) 3. Ownership 4. Nature of Indirect Beneficial Beneficially Owned (Instr. Form: Direct Ownership (Instr. 5) (D) or Indirect

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(Instr. 4)

Title

3. Title and Amount of Securities

Underlying Derivative Security

Explanation of Responses:

No securities are beneficially owned.

1. Title of Derivative Security (Instr. 4)

/s/ Margaret Koziel 08/02/2023

Conversion

or Exercise

Price of

Security

Derivative

Ownership

Direct (D)

Date

or Indirect (I) (Instr. 5)

Form:

** Signature of Reporting Person

(I) (Instr. 5)

Amount

Number

or

of

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

Date

Exercisable

- * If the form is filed by more than one reporting person, see Instruction 5 (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).

Expiration

2. Date Exercisable and

Expiration Date

(Month/Day/Year)

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.