FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	$D \subset$	20540
Washington,	D.C.	20049

STATEMENT C	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
	0.5								

Check this box if no longer subject to 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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Smith Scott Andrew			2. Issuer Name and Ticker or Trading Symbol Viatris Inc [VTRS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Smith S	Scott And	<u>rew</u>			-	iutii	<u>s me</u> [V 110	J					V Director			10% Ow	ner
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/01/2023						Officer (below)	give title		Other (s below)	pecify		
1000 MY	LAN BOU	LEVARD			102							Ch	Chief Executive Officer					
-					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable						
(Street)													Line	,	ed by One	Reno	rting Persor	.
CANON	SBURG PA	A	15317											_	,		One Report	
				$^-$ L								Person			9			
(City)	(S	tate)	(Zip)		R	Rule 10b5-1(c) Transaction Indication												
					_	٦												
	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.									o satisfy								
		Та	ble I - Nor	n-Der	ivativ	/e Se	curities	s Ac	quired, I	Disp	posed c	of, or Be	eneficially	/ Owned				
1. Title of Security (Instr. 3) 2. Transactio													7. Nature of					
Date (Month/l			th/Day/\	rear)	Execution Date, if any (Month/Day/Year		Code (Ir			d Of (D) (Instr. 3, 4 a		Beneficial Owned Fo	ally (D) o ollowing (I) (Ir		or Indirect Instr. 4)	Indirect Beneficial Ownership		
							Code	v	Amount	nt (A) or (D)			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/Ye	Code (Instr.			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	e s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)			
Restricted Stock Units	\$0	04/01/2023			A		407,485		(1)		(1)	Common Stock	407,485	\$0	407,48	35	D	

Explanation of Responses:

1. Each restricted stock unit (RSU) represents the right to receive one share of common stock of Viatris Inc. 135,829 of the RSUs granted on April 1, 2023 will vest on March 3, 2024 and 135,828 will vest on each of March 3, 2025 and March 3, 2026.

/s/ Kevin Macikowski, by power of attorney

04/04/2023

** Signature of Reporting Person Da

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.