FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* ORESHACK KURT					2. Issuer Name and Ticker or Trading Symbol MARAVAI LIFESCIENCES HOLDINGS. INC. [MRVI]									ionship of Reporting F all applicable) Director Officer (give title		erson(s) to Issuer 10% Owner Other (specify			
(Last) C/O MARAV	Last) (First) (Middle) C/O MARAVAI LIFESCIENCES HOLDINGS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 03/15/2023								below) General C		below)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10770 WATERIDGE CIRCLE, SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN DIEGO														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State	(2	Zip)																
		Т	able I - Nor	ı-Deriv	/ative	Securit	ies Acc	quired, [Disp	osed of	f, or B	enefic	ially Ow	ned					
Date				Date	Transaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5			5. Amount Securities Beneficially Following I	y Owned Reported	Form	nership : Direct (D) lirect (I) . 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v			(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Class A Common Stock 03/1					15/2023		A		38,386		A	(1)	62,356			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)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Cod	Transaction 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 Amour Securities Underly Derivative Security 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	e s illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	de V	(A)	(D)	Date Exercisab		expiration Pate	Title		Amount or Number of Shares		Transacti (Instr. 4)	on(s)			
Employee Stock Options (Right to Buy)	\$15.52	03/15/2023			A	76,500		(2)	0	3/15/2033	Clas Comi Sto	mon	76,500	\$0	76,50	0	D		

Explanation of Responses:

- 1. Represents restricted stock units ("RSUs") awarded under the Maravai LifeSciences Holdings, Inc. 2020 Omnibus Incentive Plan. Each RSU represents the right to receive one share of Class A Common Stock of the Issuer upon vesting, subject to the Reporting Person's continued employment with the Issuer. The RSUs will vest in 1/3rd increments on each of March 15, 2024, March 15, 2025, and March 15, 2026, subject to the Reporting Person's continued employment with the Issuer.
- 2. Represents options awarded under the Maravai LifeSciences Holdings, Inc. 2020 Omnibus Incentive Plan. These options will vest 1/48th on April 15, 2023 and in equal 1/48th installments each month thereafter, subject to the Reporting Person's continued employment with the Issuer.

Remarks:

/s/ Kurt Oreshack

03/17/2023

** 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.