FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
Estimated average burder	ı
hours nor response:	0.5

## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule

### 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

10b5-1(c). See In	struction 10.			
1. Name and Address of Reporting Person *  MARKER LUKE JOSEPH			2. Issuer Name and Ticker or Trading Symbol  MARAVAI LIFESCIENCES HOLDINGS,  INC. [ MRVI ]	S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner Officer (give title Other (specify)
(Last) C/O GTCR, LLC	(First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 06/16/2025		below) below)	
300 N. LASALLE SUITE 5600 (Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person
CHICAGO	IL	60654		
(City)	(State)	(Zip)		

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I)	Beneficial Ownership
			Code	v	Amount (A) or (D) Price			Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Class A Common Stock	06/16/2025		A		89,139(1)	A	\$2.16	138,055(2)	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	 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		Derivative Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

### **Explanation of Responses:**

- 1. Represents restricted stock units awarded under the Maravai LifeSciences Holdings, Inc. 2020 Omnibus Incentive Plan on June 16, 2025, which vest in full upon the earlier of one year from the date of grant or the date of the 2026 Maravai LifeSciences Holdings, Inc. annual meeting of stockholders.
- 2. The Reporting Person holds these securities of the Issuer for the benefit of a GTCR-affiliated entity. Pursuant to the policies of the GTCR-affiliated entities, the Reporting Person must hold the securities on behalf of and for the benefit of the GTCR-affiliated entity. The Reporting Person disclaims any pecuniary interest in the securities, and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of the securities for purposes of Section 16.

#### Remarks:

/s/ Kurt Oreshack, by power of attorney for Luke Marker

06/18/2025

\*\* 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.