FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per 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).

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* Herde Kevin (Last) (First) (Middle) C/O MARAVAI LIFESCIENCES HOLDINGS, INC. | | | | | Issuer Name and Ticker or Trading Symbol MARAVAI LIFESCIENCES HOLDINGS, INC. [MRVI] Date of Earliest Transaction (Month/Day/Year) 10/31/2022 | | | | | | | | | | Director Officer (g | 10 ^o ive title Otl | | 10% Ov Other (s below) | |
|--|--|----|------------|---|---|--|---|---|-----------------|-------------|---|--------|--------------------|---|--|---|---|--|------------|
| (Street) SAN DIEGO CA 92121 (City) (State) (Zip) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indix | dividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Та | ble I - No | n-Der | ivativ | e Se | curitie | s Acq | uired, | Disp | osed of, | , or l | Benefi | cially Ow | /ned | | | | |
| Date | | | | | th/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | ies Acquired (A) or Of (D) (Instr. 3, 4 and | | | 5. Amount Securities Beneficiall Following | y Owned Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (111511.4) |
| Class A Common Stock 10/3 | | | | | | 22 A ⁽¹⁾ V 478 A \$14.11 21,2 | | 294 | | 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) | ative Conversion Date Execution Date, ity (Instr. 3) or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | te | 7. Title and Am Securities Unde Derivative Secu (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti | e s lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercis | Date Expira | | Title | | Amount or Number of Shares | | (Instr. 4) | | | |

Explanation of Responses:

1. The Reporting Person is voluntarily reporting the acquisition of shares of the Issuer's Class A Common Stock pursuant to the Maravai LifeSciences Holdings, Inc. 2020 Employee Stock Purchase Plan. The acquisition of those 478 shares of Class A Common Stock was exempt pursuant to Rule 16b-3.

Remarks:

/s/ Kurt Oreshack, by power of attorney for Kevin Herde

** Signature of Reporting Person

10/31/2022

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.