FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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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

Name and Address of Reporting Person* Herde Kevin					2. Issuer Name and Ticker or Trading Symbol MARAVAI LIFESCIENCES HOLDINGS, INC. [MRVI]								(Check	onship of Reporting Per all applicable) Director Officer (give title		erson(s) to Issuer 10% Ow Other (s	· I	
(Last) (First) (Middle) C/O MARAVAI LIFESCIENCES HOLDINGS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 03/15/2023								X	below) Chief Financial		ncial (below)	poony	
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 CA 92121												X	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State	e) (2	Zip)																
		Т	able I - Nor	ı-Deriv	ative S	ecuritie	s Acc	quired, [isp	osed o	f, or Be	enefic	ially Ow	ned					
1. Title of Security (Instr. 3) 2. Trans Date (Month/					ction ay/Year)	Execution if any	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disp		ities Acqu d Of (D) (I			5. Amount Securities Beneficially Following F	Owned Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									v	Amount		A) or D)	Price	(Instr. 3 and 4)				(111311.4)	
Class A Common Stock 03/1				03/15	15/2023			A		72,5	07	A	(1)	91,190			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	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisabl Expiration Date (Month/Day/Year)		Securities Underly		erlying	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transacti	ve Ories Forially Dioring (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisabl		opiration ate	Title		Amount or Number of Shares		(Instr. 4)	on(s)			
Employee Stock Options (Right to Buy)	\$15.52	03/15/2023		A		143,000		(2)	03	5/15/2033	Class Comm Stock	non	143,000	\$0	143,00	00	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, by power of attorney for Kevin Herde

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.