FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
|-------------------------|-----------|
| Estimated average burde | en |
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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).

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

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

| affirmative defens 10b5-1(c). See In: | e conditions of Rule struction 10. | | | | | |
|--|--|---------------------------------------|---|----------|--|---|
| Hopfield Jess (Last) | 1. Name and Address of Reporting Person* Hopfield Jessica (Last) (First) (Middle) C/O MARAVAI LIFESCIENCES HOLDINGS, INC. | | 2. Issuer Name and Ticker or Trading Symbol MARAVAI LIFESCIENCES HOLDINGS, INC. [MRVI] 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2024 | | tionship of Reporting Pers all applicable) Director Officer (give title below) | on(s) to Issuer 10% Owner Other (specify below) |
| | DGE CIRCLE, SU | · · · · · · · · · · · · · · · · · · · | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv | idual or Joint/Group Filing Form filed by One Repo Form filed by More than | ` ' ' |
| (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) | 3. Transac Code (Ir 8) | | 4. Securities Ac Disposed Of (D | | | 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 | 05/23/2024 | | A | | 20,645(1) | A | \$10.78 | 110,768 | 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) | ´ | | 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 | Form: Direct (D) | 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 granted on May 23, 2024, which vest in full upon the earlier of one year from the date of grant or the date of the 2025 Maravai LifeSciences Holdings, Inc. annual meeting of stockholders.

Remarks:

/s/ Kurt Oreshack, by power of attorney for Jessica Hopfield

** Signature of Reporting Person Date

05/24/2024

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.