## FORM 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

-	 	_	•		-		_	-			_		-
				W	as	hin	gto	n,	D	.C.	20	549	9

Washington,	D.C	20549	
wasinington,	D.C.	20343	

OMB APPROVAL										
OMB Number:	3235-0362									
Estimated average	hurden									

1.0

hours per response:

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
$\Box$	Form 3 Holdings Reported.

# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

Form 4	Transactions F	Reported.	File			the Securities Exc estment Company										
	nd Address of	Reporting Person	n*	1	2. Issuer Name <b>and</b> Ticker or Trading Symbol  Viatris Inc [ VTRS ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
COOK	I KODEI	XI J				-		X Direc	tor	10% Owner		ner				
(Last) 1000 MY	(Fir /LAN BOU	•	(Middle)	3. Statement for 12/31/2021	or Issuer's F	iscal Year Ended (N	ay/Year)	X Officer (give title Other (specify below) below)  Executive Chairman								
(Street)				4. If Amendme	ent, Date of C	Original Filed (Mont		6. Individual or Joint/Group Filing (Check Applicable Line)								
CANONSBURG PA 15317								X Form filed by One Reporting Person								
(City)	(Sta	ate)	(Zip)					Form filed by More than One Reporting Person								
		Table	e I - Non-Deriv	ative Securit	ies Acqu	ired, Dispose	d of, o	r Benefic	ially Own	ed						
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year				2A. Deemed Execution Date, If any (Month/Day/Year) 8)  2. Deemed				A) or Dispose	Securities Owner Beneficially Form:		6. Ownership Form: Direc (D) or		rect eficial			
				(Monthibay/Tear)	8)	Amount	(A) or (D)	Price	Issuer's	Issuer's Fiscal Year (Instr. 3 and			(Instr. 4)			
Common	Stock		12/30/2021		<b>G</b> <sup>(1)</sup>	500,000	D	\$0.00	1,00	1,009,637						
Common Stock 1			12/30/2021		<b>G</b> <sup>(1)</sup>	500,000	A	\$0.00	500	500,000		By Tru	Family st			
		Та	able II - Derivat (e.g., p			ed, Disposed ptions, conve				d						
	2.	3. Transaction	3A. Deemed	4. 5.		. Date Exercisable a	ate Exercisable and 7. Title and			9. Numbe		robin	11. Nature			

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of		6. Date Exerc Expiration Da (Month/Day/Y	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 Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

### **Explanation of Responses:**

1. This transaction involved a gift of securities by the reporting person to an irrevocable trust for the benefit of the reporting person's descendants. Certain of the reporting person's siblings and adult children are the trustees of the trust. The reporting person disclaims beneficial ownership of these securities, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

#### Remarks:

/s/ Kevin D. Macikowski, by Power of Attorney

02/11/2022

\*\* Signature of Reporting Person

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.