FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | | |

0.5

| | Check this box if no longer subject |
|---|-------------------------------------|
| ١ | 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

Estimated average burden hours per response:

| | | | | | or Sec | tion 3 | 30(h) of | the I | nvest | tment | Co | mpany Act | of 194 | 0 | | | | | | | |
|---|---|-------------------------|--|------|---|--------|---|--------------------------------|---|-----------------------------------|--------------------|---------------|--|---|---|-----------------------------------|---|-----------------------|---|---|--|
| Name and Address of Reporting Person* CHILDS JOHN W | | | | | 2. Issuer Name and Ticker or Trading Symbol Biohaven Ltd. [BHVN] | | | | | | | | | | | elationshi ck all app Direc | , | orting P | | o Issu | |
| (Last) | , | , | Middle) | - 1 | 3. Date of Earliest Transaction (Month/Day/Year) 08/04/2023 | | | | | | | | | | | Officer (give below) | | | Othe belo | er (specify | |
| C/O BIOHAVEN LTD. 215 CHURCH 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 | | | | | | |
| (Street) NEW HAVEN CT 06510 | | | | | Form filed by More than One Reporting Person | | | | | | | | | | | | | | | ng | |
| (City) | (City) (State) (Zip) | | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | |
| | | Table | I - Non-Deriv | /ati | ve Se | ecui | rities | Acq | uire | ed, [| Dis | posed c | of, or | Benefi | cial | ly Owr | ned | | | | |
| 1. Title of Security (Instr. 3) | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Co | insaction de (Instr. | | 4. Securities A Disposed Of (I | | | | 5. Ame Secur Benef Owner Follow | | es ally | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Co | de | v | | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | | | |
| Common Shares | | | 08/04/202 | 23 | 3 | | | | P | | 1 | 00,000 | A | \$19.78 | 343 | 1,925,118 | | I | | By John W Childs 2013 Revocable Trust | |
| Common Shares | | | | | | | | | | | | | | | | 3,680 | 0,952 | | I | | itable ainder |
| | | Tal | ole II - Deriva (e.g., p | | | | | | | | | osed of | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) i | 3A. Deemed Execution Date, if any (Month/Day/Year | | 4. Transaction Code (Instr. 8) | | 5. Numb of Deriv Secul Acqu (A) or Dispo of (D) (Instr. and 5 | ative rities ired sed | r Expiratio (Month/D ive ies ed | | | | | cle and unt of irities erlying rative irity r. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | | 9. Numb derivativ Securitie Beneficie Owned Followin Reporter Transact (Instr. 4) | re es ally g | Owners Form: Direct (I or Indire (I) (Instr | | 1. Nature f Indirect eneficial wnership nstr. 4) |
| Coc | | | | Code | v | (A) | (D) | Date D) Exercisal | | | Expiration Date | Title | Amount or Number of Shares | r | | | | | | | |

Explanation of Responses:

Remarks:

/s/ George Clark, Attorney-in-Fact
** Signature of Reporting Person

08/07/2023

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).