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 |
|---|-------------------------------------|
| ١ | to Section 16. Form 4 or Form 5 |
| J | 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 a | 2. Issuer Name and Ticker or Trading Symbol Qorvo, Inc. [QRVO] | | | | | | | | | 5. Relationship of Reporting I (Check all applicable) Director Officer (give title | | | | erson(s) to 10% O Other (| wner | | | | | | |
|--|--|--|--------|----------|---|---------------------------------------|--------|---------|---|---|---|--|---|---|---|--|-----------------------------|--|--|--|--|
| (Last) | (Last) (First) (Middle) C/O QORVO, INC. | | | | | | | t Trans | saction (N | /lonth | n/Day/Year) | Λ | X below) SVP, Global Operations | | | | | | | | |
| _ | ORNDIKE | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | | | |
| (Street) GREENSBORO NC 27409 | | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (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 | l - No | n-Deriva | tive S | ecui | rities | Acc | juired, | Dis | posed of | f, or I | Benef | ciall | y Owr | ned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Instr. 5) | | | | | 5. Amo Securi Benefi Owned Follow | rities Fo ficially (D ed In | | n: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | Amount | (A) (D) | or Pri | ce | Transa | Reported Transaction(s) Instr. 3 and 4) | | | | | | | | |
| Common Stock 05/15/2 | | | | | | 023 | | | | | 14,739 | A | | \$ <mark>0</mark> | 40,023 | | | D | | | |
| Common | 05/15/20 | :023 | | | | F | | 2,025 | D \$ | | 0.24 | 24 37,998 | | | D | | | | | | |
| Common Stock 05/16/2 | | | | | | 2023 | | | F | | 624 | D S | | 3.02 | 37,374 | | 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) | titve Conversion Date Execution Date, if any | | | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable ar Expiration Date (Month/Day/Year) | | | Amount of Securities Underlying Derivative Security (Instr. 3 and | | Dei Sec (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amour or Number of Shares | er | | | | | | | |

Explanation of Responses:

/s/ Jason T. Gray, by Power of Attorney 05/17/2023

** Signature of Reporting Person Date

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

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- $^{\star\star} \ \text{Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C.\ 1001\ \text{and}\ 15\ \text{U.S.C.}\ 78 \text{ff(a)}.$

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.