FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## 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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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 and Address of Reporting Person*  BRUGGEWORTH ROBERT A						2. Issuer Name and Ticker or Trading Symbol Qorvo, Inc. [ QRVO ]									ationship call app Direc	,		rson(s) to Is	
(Last) (First) (Middle) C/O QORVO, INC.				3. Date of Earliest Transaction (Month/Day/Year) 06/06/2024									<b>V</b>	Office below	er (give title v) Presiden	t and	Other (s below)	specify	
7628 THORNDIKE ROAD						4. If Amendment, Date of Original Filed (Month/Day/Year)								ine)	Individual or Joint/Group Filing (Check Applicable ne)				
(Street) GREENSBORO NC 27409															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 I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Deemed cution [ y oth/Day	Date,	3. Transaction Code (Instr. 8)		Disposed C	. Securities Acquired (A) isposed Of (D) (Instr. 3, 4)		5. Amount o Securities Beneficially Owned Folic Reported		ies cially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Price	•	Transa	ed ction(s) 3 and 4)			(Instr. 4)
Common Stock 06/06/20					2024					15,279	D	\$10	00(2)	190,161			D		
Common Stock															20,000			I	By Grantor Retained Annuity Trust
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	3. Transaction Date (Month/Day/Year)	Execut if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exercion Da /Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. This transaction was made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on February 5, 2024.
- 2. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$100.00 to \$100.03, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

/s/ Jason T. Gray, by Power of **Attorney** \*\* Signature of Reporting Person

06/07/2024

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.