SEC Form 4

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 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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person [*] FEGO PAUL J | | | 2. Issuer Name and Ticker or Trading Symbol <u>Qorvo, Inc.</u> [QRVO] | | all applicable) Director | g Person(s) to Issuer 10% Owner | | | | |
|---|-----------|-------------------|--|----------|---|---|--|--|--|--|
| (Last) C/O QORVO, | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2024 | X | Officer (give title below) SVP, Globa | Other (specify below) I Operations | | | | |
| 7628 THORNI | DIKE ROAD | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) | | o Filing (Check Applicable | | | | |
| (Street) | | | | | | e Reporting Person re than One Reporting | | | | |
| GREENSBOR | O NC | 27409 | | | Person | g | | | | |
| (City) | (State) | (Zip) | Rule 10b5-1(c) Transaction Indication | | | | | | | |
| | | | X 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-Der | ivative Securities Acquired, Disposed of, or Benef | ficially | Owned | | | | | |
| | | | | | | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed 3. Execution Date, if any (Month/Day/Year) 8) | | | | | | Form: Direct | 7. Nature of Indirect Beneficial Ownership | | |
|---------------------------------|--|--|-------------------------|---|--------|---------------|-------|------------------------------------|---|------------|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |
| Common Stock | 02/15/2024 | | S ⁽¹⁾ | | 3,027 | D | \$114 | 29,705 | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | rative rities ired r osed) c. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | nd 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) |
| | | | | Code | v | (A) | (D) | Date Exercisable | 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 May 8, 2023.

/s/ Jason T. Gray, by Power of 02/16/2024 Attorney

** Signature of Reporting Person 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.