### FORM 4

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

☐ 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.

OMB APPROVAL
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# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *				2. I	2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
FAGERSTA	L DICK			Va	lari	is Ltd [	VAL]						,			
(Last) (First) (Middle)				3. Г	3. Date of Earliest Transaction (MM/DD/YYYY)							X Director 10% Owner Officer (give title below) Other (specify below)				
C/O CLARENDON HOUSE, 2					6/13/2025											
CHURCH S'																
	(Stre	et)		4. I	f An	nendmen	t, Date O	rigina	al Fil	ed (MM/D	D/YYYY)	6. Individual of	or Joint/G	roup Filing	(Check Appl	icable Line)
HAMILTON	, D0 HM	11										_X _ Form filed by		ting Person One Reporting F	Parson	
(C	ity) (Sta	te) (Zip)										roini med by	Wore than C	one Reporting 1	CISOII	
		ŗ							d, Di	sposed o	<u> </u>	eficially Owne				
1. Title of Security (Instr. 3)				Execution (Instr. 8)			or Dis	urities Acqu posed of (D 3, 4 and 5)	P) Fo	Amount of Securities Beneficially Owned sllowing Reported Transaction(s) sstr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr.	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	V	Amou		Price				4)	
	Tab	le II - Deri	vative Seco	urities l	Bene	eficially (	Owned (	e.g., <sub>]</sub>	puts,	calls, wa	arrants, o	ptions, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	5. Number Derivative S Acquired (A Disposed of (Instr. 3, 4 a		e Securities and (A) or of (D)		ate Exercisable Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned	10. Ownership Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	V	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	or Indirect	
Restricted Stock Units	(1)	6/13/2025		A		5,85	56	(	(1)	(1)	Common Shares	5,856	\$0	5,856	D	

### **Explanation of Responses:**

(1) Each restricted stock unit represents the right to receive one Valaris common share, the cash value thereof, or a combination of shares and cash, in accordance with the grant agreements and at the election of the reporting person. Consists of 5,856 restricted stock units, representing the recipient's annual equity retainer, which will vest in full on the earlier of the first anniversary of the date of grant or the next annual meeting of the Company's shareholders

**Reporting Owners** 

F	_			
Panarting Owner Name / Address	2	Relationsh	elationships 6 Owner Officer Ot	
Reporting Owner Name / Addres	Director	10% Owner	Officer	Other
FAGERSTAL DICK				
C/O CLARENDON HOUSE	X			
2 CHURCH STREET	Α			
HAMILTON, D0 HM 11				

### Signatures

/s/ Andrew Campbell, power-of-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 control number.