Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|--|------------------------------------|------------------|
| Section 16. Form 4 or Form 5 | | |
| obligations may continue. See | | |

OMB APPROVAL OMB Number: 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* GRAF FINCKENSTEIN FRIEDRICH | | | | | 2. Issuer Name and Ticker or Trading Symbol IOVANCE BIOTHERAPEUTICS, INC. [IOVA] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specif | | | | ner |
|--|---------|------------|--------------------------|--|---|-------------------|--|--|---|--------------------|---|--|--|--|--|--------|--------|
| (Last) (First) (Middle) C/O IOVANCE BIOTHERAPEUTICS, INC. 999 SKYWAY ROAD, SUITE 150 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2020 | | | | | | | | helow. | | dical (| below) | Decily |
| (Street) SAN CARLOS CA 94070 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | S. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (5 | • | (Zip) ole I - Non- | Derivat | ive S | Securi | ties | Acc | guired, Di | sposed (| of, or Be | neficia | ly Owned | l | | | |
| 1. Title of Security (Instr. 3) 2. Tr. Date | | | 2. Transac | Execution Date, | | 3. Transaction | 4. Secur | S. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and) | | 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Dwnership Instr. 4) | | | |
| | | - | Table II - D (e | | | | | | uired, Dis , options, | | , or Ben | eficially | Owned | , | <u> </u> | | |
| 1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. A. Deemed Execution Date, if any (Month/Day/Year) 3. Transaction Date (Month/D | | Cod | Transaction Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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) | | |
| | | | | Cod | de V | (A) | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (right to buy) | \$25.54 | 01/03/2020 | | A | | 75,0 | 000 | | (1) | 01/02/2030 | Common stock | 75,000 | \$0.00 | 75,000 | 0 | D | |

Explanation of Responses:

1. Provided the Reporting Person is still employed with the Issuer on the following dates, the options are exercisable as follows: (i) options for the purchase of one-third of the 75,000 shares shall vest on the oneyear anniversary of January 3, 2020; and (ii) the remaining options shall vest in eight equal quarterly installments over the next two years, commencing with the first quarter following the first anniversary of January 3, 2020.

/s/ Friedrich Graf Finckenstein 01/07/2020

** Signature of Reporting Person

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.