FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20	549
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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

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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]											eck all appli Directo	icable)	ng Per	rson(s) to Is: 10% Ov Other (s	vner
(Last) (First) (Middle) C/O IOVANCE BIOTHERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 07/14/2023										below	Chief Med	lical	below) Officer	
825 IND	USTRIAL	ROAD, 4TH FL	OOR		4. If A	Amer	ndmei	nt, Date	of Ori	iginal F	iled	(Month/D	Day/Year)		6. In Line		Joint/Group	p Filin	g (Check Ap	oplicable
(Street)	treet) AN CARLOS CA 94070															X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)					Rul	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	e I - Nor	n-Deriva	ative \$	Sec	uriti	ies Ac	quir	red, D	isp	osed (of, or B	enef	ficial	ly Owne	d			
Date				2. Transa Date (Month/D		E) if:	2A. Deemed Execution Date, if any (Month/Day/Year)		_ Co	Transaction Code (Instr.			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 65)			Benefic	ies Fo cially (D Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Co	ode	v	Amount	(A) (D)	or F	Price	Transac (Instr. 3	tion(s)			(instr. 4)
Common	Stock ⁽¹⁾			07/14/	/2023					M		2,81	3 A		\$ <mark>0</mark>	32	,348	D		
Common	Stock ⁽²⁾			07/14/	/2023					F		1,39	5 D		\$7.76	30,	953 ⁽³⁾		D	
		Ta											, or Bei ible sec			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	4. Transact Code (In: 8)		of I		Expir	ate Exer ration D nth/Day/	ate	ble and	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y O F D oi (i)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable		opiration	Title	or	ount mber ares					
Restricted Stock Units	(4)	07/14/2023			M			2,813		(5)		(5)	Common stock	2,8	813	\$0.00	16,877	,	D	

Explanation of Responses:

- 1. Represents such shares underlying the restricted stock units ("RSUs") which vested on the transaction date.
- 2. Represents shares withheld by the Issuer to satisfy the mandatory tax withholding requirements upon vesting of restricted stock units. This is not an open market sale of securities.
- $3. \ Represents the common stock remaining after deducting the common stock withheld for taxes.$
- 4. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
- 5. The remaining RSUs will vest in six equal quarterly installments.

/s/ Friedrich Graf Finckenstein 07/17/2023

** 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.