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

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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

Name and Address of Reporting Person*     BILINSKY IGOR						2. Issuer Name and Ticker or Trading Symbol  IOVANCE BIOTHERAPEUTICS, INC.  IOVA ]										eck all applic Directo	cable)	g Per	son(s) to Iss 10% Ov Other (s	vner	
(Last) (First) (Middle) C/O IOVANCE BIOTHERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/03/2024										— below)	below) Chief Operating O				
825 INDUSTRIAL ROAD, 4TH FLOOR						4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN CARLOS CA 94070						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															d to	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					action	2/ Ei	A. Dee xecuti any	. Deemed ecution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			A) or	5. Amou Securitie Benefici Owned F	nt of es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									(	Code	/	Amount	(A) (D)	or	Price	Reported Transact (Instr. 3	tion(s)			instr. 4)	
Common Stock <sup>(1)</sup> 06/03/					3/2024	1				M		3,510	5 A		\$ <mark>0</mark>	41,	,542		D		
Common Stock <sup>(2)</sup> 06/03/					3/2024	<u> </u>				F		1,784	4 D		\$8.37	39,7	39,758 <sup>(3)</sup>		D		
		Т	able II -									sed of onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, Trans Code		ction Instr.	of E		Exp	Date Exer piration I onth/Day	Date	r) Amou Securi Under Deriva		Title and mount of curtitles nderlying privative Security str. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	te ercisable		xpiration ate	Title	or Nu of	nount imber iares						
Restricted Stock Units	(4)	06/03/2024			M			3,516		(5)		(5)	Common	3,	,516	\$0.00	24,613 <sup>(</sup>	(6)	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 the RSUs. This is not an open market sale of securities.
- 3. Represents common stock remaining after deducting the common stock withheld for taxes.
- 4. Each RSU represents a contingent right to receive one share of the Issuer's common stock.
- 5. The remaining RSUs will vest in equal quarterly installments.
- 6. Such aggregate number reflects the remainder of such RSUs granted on March 2, 2023, but does not include any other RSUs held by such Reporting Person.

06/05/2024 /s/ Igor Bilinsky

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.