FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
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	tion 1(b).			Filed	pursua or Se	nt to S ection 3	ection 80(h) o	16(a) f the Ir	of the Sonvestmen	ecuriti nt Cor	es Exchang npany Act o	e Act of f 1940	of 1934			nours	per re	esponse:	0.5
1. Name and Address of Reporting Person* <u>Vogt Frederick G</u>					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 Officer (give title Other (speci				vner	
(Last) (First) (Middle) C/O IOVANCE BIOTHERAPEUTICS, INC. 825 INDUSTRIAL ROAD, 4TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 11/28/2022									X	below			below)		
(Street)	eet) AN CARLOS CA 94070 4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indi Line) X	·′								
		Table	I - Nor	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benefi	cially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Executy/Year) if any		Deemed cution Date, ly nth/Day/Year)				es Acquired (A Of (D) (Instr. 3		, 4 and Secu Bene Own		ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or Pri	ice Repor Trans (Instr.		action(s) 3 and 4)			(Instr. 4)
Common Stock 11/28/2					2022		P		1,000	A	\$.	5.98	.98 2,000		000 D				
		Tal									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price o Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code		(A)	(D)	Date Exercisable		Expiration Date	Title	Amoun or Numbe of Shares	r					

Explanation of Responses:

/s/ Frederick G. Vogt

11/28/2022

** 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.