FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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)

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					<u>IO</u>	2. Issuer Name and Ticker or Trading Symbol IOVANCE BIOTHERAPEUTICS, INC. [IOVA]								5. Relationship of Reportir (Check all applicable) Director X Officer (give title below)				g Person(s) to Issuer 10% Owner Other (specify below)		
C/O IOV	(Last) (First) (Middle) C/O IOVANCE BIOTHERAPEUTICS, INC. 825 INDUSTRIAL ROAD, 4TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 01/14/2022								Chief Medical Officer						
(Street) SAN CA (City)			94070 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individue) X	•					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date					action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 5)		ties Acquir I Of (D) (In:	ed (A) or str. 3, 4 ar	5. Amoun Securities Beneficia Owned Fo Reported		es Fo ally (D) Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) or (D) Price		. [-	Transaction(s) (Instr. 3 and 4)				(1113411 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any				ansaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Securities (Instr. 3 and 4)					Dei	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable	E: D	xpiration ate	Title	Amoun or Numbe of Shares	r						
Restricted Stock Units	(1)	01/14/2022			A		33,750		(2)		(2)	Common Stock	33,75	0	\$0	33,750)	D		
Stock Option (right to buy)	\$15.49	01/14/2022			A		67,500		(3)	0:	1/14/2032	Common Stock	67,50	0	\$0	67,500)	D		

Explanation of Responses:

- 1. Each restricted stock unit ("RSU") represents a contingent right to receive one share of the Issuer's common stock.
- 2. Provided the Reporting Person is still employed with the Issuer on the following dates, the RSUs shall vest over three years, with (i) one-third of the RSUs vesting on the one-year anniversary of the date of grant and (ii) the remaining RSUs shall vest in eight equal quarterly installments over the next two years, commencing with the first quarter following the first anniversary of the date of grant.
- 3. 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 such shares shall vest on the one-year anniversary of the date of grant; 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 the date of grant.

/s/ Friedrich Graf Finckenstein 01/19/2022

** 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.