FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

1. Name and Address of Reporting Person* GRAF FINCKENSTEIN FRIEDRICH				<u>IC</u>	2. Issuer Name and Ticker or Trading Symbol IOVANCE BIOTHERAPEUTICS, INC. [IOVA]					(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below) below) Director Other (specify below)				/ner		
	ANCE BIO	irst) THERAPEUTI ROAD, 4TH FL	,		3. Date of Earliest Transaction (Month/Day/Year) 03/02/2023							Chief Medical Officer					
(Street) SAN CA (City)			94070 (Zip)	4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
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Date			ansaction	action 2A. Deemed Execution Date,		3. Transaction	4. Securi	rities Acquired (A) ed Of (D) (Instr. 3, 4		5. Amount of Securities Beneficially		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	4. Transaction Code (Instr.		ion of E		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and A of Securities Underlying Derivative Securities (Instr. 3 and A		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Restricted Stock Units	(1)	03/02/2023		A		46,875		(2)	(2)	Common Stock	46,875	\$0	46,875	5	D		
Stock Option (right to buy)	\$7.12	03/02/2023		A		93,750		(3)	03/02/2033	Common Stock	93,750	\$0	93,750)	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 03/06/2023

** 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.