FORM 4

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20540	
wasiiiiiqtoii,	D.C.	20549	

STATEMENT (	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average	burden										
hours per response	. 05										

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* <u>Countouriotis Athena</u>					<u>IO7</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol  IOVANCE BIOTHERAPEUTICS, INC. [ IOVA ]									all appli Directo	cable) or	g Pers	son(s) to Iss	/ner	
(Last)	,	irst) OTHERAPEUTI	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/06/2023									Officer below)	(give title		Other (s below)	pecify	
825 INDUSTRIAL ROAD, 4TH FLOOR					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	RLOS C	A	94070											X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)		Rul	Rule 10b5-1(c) Transaction Indication														
Check this box to indicate that a satisfy the affirmative defense co																on or written	plan t	hat is intende	ed to	
		Tab	e I - Nor	n-Deriv	ative	Sec	curities	Ac	quired, D	ispo	osed o	of, or Be	eneficia	lly	Owned	t				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			Transaction Disposed O Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		nd		es For ally (D) Following (I) (		rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v .	Amount (A) or (D)		or Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		Т							uired, Dis , options					y O	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\)	Date,	4. Transact Code (In 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se	s. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Co						v	(A)	(D)	Date Exercisable		oiration e	Title	Amount or Number of Shares							
Deferred Restricted Stock Unit	(1)	06/06/2023			A		51,955		(2)		(2)	Common Stock	51,955		\$0	51,955		D		

## **Explanation of Responses:**

- 1. Each deferred restricted stock unit ("DRSU") represents a contingent right to receive one share of the Issuer's common stock and are granted pursuant to the Issuer's 2018 Equity Incentive Plan (as
- 2. Provided the Reporting Person continues to be providing service to the Issuer on the following dates, the DRSUs shall vest on the earlier of: (i) the first anniversary of the Transaction Date; or (2) the day prior to the Issuer's next annual shareholder meeting. Notwithstanding the vesting, the issuance of the common stock will be deferred until the earlier of (i) three months after the Reported Person's resignation or removal from the Board of Directors or no longer providing service because of death or disability, (ii) a change in control (as defined in the DRSU agreement) or (iii) ten years from the Transaction Date.

/s/ Athena Countouriotis

06/08/2023

\*\* 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.