FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
vvasiliigtoii,	D.C.	20049

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 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* MCPEAK MERRILL A				<u>IO</u>	2. Issuer Name and Ticker or Trading Symbol IOVANCE BIOTHERAPEUTICS, INC. [IOVA]							eck all applic	able) r	Person(s) to Is	wner		
(Last) C/O IOV	•	irst) OTHERAPEUTI	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024							Officer below)	(give title	Other below)	specify	
825 INDUSTRIAL ROAD, 4TH FLOOR				4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SAN CA	RLOS C	A	94070										Form fi	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(8	State)	(Zip)		Rı	ule 1	10b5-1	1(c)	Transac	ction Inc	dication						
					Check this box to indicate that a transaction was made pursuant to a contract, instruction satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.						n or written pl	an that is intende	ed to				
		Tab	le I - Nor	n-Deriv	vativ	e Se	curities	Acc	μired, Di	sposed	of, or Be	neficial	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		Code (Instr. 5)		ed (A) or tr. 3, 4 and		es Formally (D) of Following (I) (II)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
							Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(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 (Instr. 3) Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Y		Date,	4. Transaction Code (Instr. 8)		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
					Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Deferred Restricted Stock Unit	(1)	03/01/2024			A		50,000		(2)	(2)	Common Stock	50,000	\$0	50,000	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 amended).
- 2. 50% of the RSUs will vest on the 6-month anniversary of the date of grant and the remaining RSUs will vest on the one-year anniversary of the date of grant. 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/ Merrill A. McPeak

03/05/2024

** 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.