FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFIC	IAL OWNERSH	IΡ

OMB APPROVAL								
OMB Number:	3235-0287							
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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* WEISER MICHAEL			<u>IC</u>	2. Issuer Name and Ticker or Trading Symbol IOVANCE BIOTHERAPEUTICS, INC. [								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
			IC	IOVA ]											· I			
(Last)	(Fi	rst)	(Middle)									_	Officer below)	(give title		Other (s below)	specify	
C/O IOVANCE BIOTHERAPEUTICS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 06/10/2022														
825 INDUSTRIAL ROAD, 4TH FLOOR			L	00/10/2022														
				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	DI OG G		0.4070									- 1	,	iled by One	Repo	orting Perso	n	
SAN CA	RLOS CA	A	94070											iled by More	e than	One Repo	ting	
(City)	(Si	ate)	(Zip)										Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date				Transaction ate Month/Day/Y	Execution Date,		3. Transaction Code (Instr. 3, 4) 1) 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)			ed (A) or tr. 3, 4 and	Benefici Owned	es For ally (D) Following (I) (I		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership			
				Code			v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
		•						, option					• • • • • • • • • • • • • • • • • • •					
Derivative Conversion Date Ex. Security or Exercise (Month/Day/Year) if a			3A. Deemed Execution Dat if any (Month/Day/Ye	Date, Transact Code (In				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun 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( (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares						
Deferred Restricted Stock Unit	(1)	06/10/2022	-	A		51,204		(2)		(2)	Common Stock	51,204	\$0	51,204	ı	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. 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/ Michael Weiser

06/14/2022

\*\* 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.