FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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*  BILINSKY IGOR  (Last) (First) (Middle)					IO	Issuer Name and Ticker or Trading Symbol     IOVANCE BIOTHERAPEUTICS, INC. [     IOVA ]      Jate of Earliest Transaction (Month/Day/Year)								Relationship of Reporting R (Check all applicable)     Director     Officer (give title below)     Chief Operation			10% Ow Other (s below)	/ner	
C/O IOVANCE BIOTHERAPEUTICS, INC. 825 INDUSTRIAL ROAD, 4TH FLOOR					03/	/02/2	2023		`				Chief Operating Officer						
(Street) SAN CA (City)			94070 (Zip)		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form f Form f					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date					Executi Day/Year) if any		Execution if any	A. Deemed xecution Date, any Month/Day/Year)		Code (Instr. 5)		ies Acquire Of (D) (Ins	ed (A) or tr. 3, 4 and	Benefici Owned F	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	/	Amount	(A) or (D) Pr			Transaction(s) (Instr. 3 and 4)			(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)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any				ansaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)				ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		piration ite	Title	Amount or Number of Shares						
Restricted Stock Units	(1)	03/02/2023			A		42,190		(2)		(2)	Common Stock	42,190	\$0	42,190	)	D		
Stock Option (right to buy)	\$7.12	03/02/2023			A		84,380		(3)	03/	/02/2033	Common Stock	84,380	\$0	84,380	)	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/ Igor Bilinsky

03/06/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.