FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
notruction 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Fordia Maria						2. Issuer Name and Ticker or Trading Symbol IOVANCE BIOTHERAPEUTICS, INC. [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>Fardis Maria</u>						IOVA]									X Direc	ctor	10% (Owner	
(Last)	ast) (First) (Middle)					-								_ :	X Offic below	er (give title w)	Other below	(specify)	
999 SKYWAY ROAD, SUITE 150						3. Date of Earliest Transaction (Month/Day/Year) 01/02/2020										President	t and CEO		
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
SAN CARLOS CA 94070															X Forn	Form filed by One Reporting Person			
(City)	(City) (State) (Zip)															Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date			3. Transaction Code (Instr. 5) 8) 4. Securit Disposed 5)					Secur Benef Owne	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A)	or I	Price		action(s) 3 and 4)		(Instr. 4)	
Common Stock 01/02/2						2020		F		1,562	1)	D	\$26.6	8 30	6,691 ⁽²⁾	D			
	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 Exercis Price of Derivative Security		Execution if any	if any (Month/Day/Year) 8		ransaction code (Instr.)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		r. 3	. Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. Exempt transaction pursuant to Section 16(b) and the rules thereunder. All of the shares reported as disposed of in this Form 4 were automatically withheld by the Issuer in accordance with the terms of the grant of the Restricted Stock Units ("RSUs") dated June 1, 2016, to satisfy federal and state tax withholding and payment obligations resulting from the vesting and settlement of RSUs. The Reporting Person did not receive or sell any of the shares reported on this Form 4 item; these shares were withheld and subsequently canceled by the Issuer in accordance with the foregoing. The grant of the RSUs was previously reported in Table I of the Reporting Person's initial Form 4 reporting the acquisition of common stock pursuant to the June 1, 2016 grant.

2. Shares reported include unvested RSUs.

/s/ Maria Fardis

01/06/2020

** 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.