FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## 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*  Vogt Frederick G							2. Issuer Name and Ticker or Trading Symbol IOVANCE BIOTHERAPEUTICS, INC. [ IOVA ]										o of Reportin dicable) ctor er (give title	g Person(s) to Is 10% C Other			
(Last) (First) (Middle) C/O IOVANCE BIOTHERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 07/15/2024										delov	below) interim CEO &		below)	·	
825 INDUSTRIAL ROAD, 4TH FLOOR						4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN CARLOS CA 94070						Form filed by One Reporting Person Form filed by More than One Reporting Person													I		
(City) (State) (Zip)					Ru	Rule 10b5-1(c) Transaction Indication															
							Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ear)	Executif any	A. Deemed xecution Date, any Month/Day/Year)		Transaction		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Securi Benef	cially d Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										ode V	′	Amount	()	A) or D)	Price	Transa	action(s) 3 and 4)	tion(s)		(11150: 4)	
Common Stock <sup>(1)</sup> 07/15/						5/2024				М		20,83	5	A	\$ <mark>0</mark>	1	168,160		D		
Common Stock <sup>(2)</sup> 07/15/					5/202	5/2024				F		8,851	1	D	\$8.68	3 15	159,309(3)		D		
			Table II -									sed of, onverti				Owned	1				
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercise Price of Derivative Security		3A. Deeme Execution I if any (Month/Day	Date,		ransaction code (Instr.		of		6. Date Exercisa Expiration Date (Month/Day/Yea			of Sec Under Deriva	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivativ Security (Instr. 5)		Ow For Ily Dire or I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable		xpiration ate	Title	0 N	Amount or Number of Shares						
Restricted Stock Units	(4)	07/15/2024			M			20,835		(5)		(5)	Comr		20,835	\$0.00	41,669	(6)	D		

## **Explanation of Responses:**

- 1. Represents such shares underlying the restricted stock units ("RSUs") which vested on the transaction date.
- 2. Represents shares withheld by the Issuer to satisfy the mandatory tax withholding requirements upon vesting of the RSUs. This is not an open market sale of securities.
- 3. Represents common stock remaining after deducting the common stock withheld for taxes.
- 4. Each RSU represents a contingent right to receive one share of the Issuer's common stock.
- 5. The remaining RSUs will vest in equal quarterly installments.
- 6. Such aggregate number reflects the remainder of such RSUs granted on January 14, 2022, but does not include any other RSUs held by such Reporting Person.

/s/ Frederick G. Vogt

07/17/2024

\*\* 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.