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

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1. Name and Address of Reporting Person*  Vogt Frederick G				<u>IC</u>	2. Issuer Name and Ticker or Trading Symbol IOVANCE BIOTHERAPEUTICS, INC. [IOVA]								5. Relationship of Reporting Person(s) to Ist (Check all applicable)  Director 10% C  Officer (give title Other)				vner	
(Last) C/O IOV	ost) (First) (Middle) O IOVANCE BIOTHERAPEUTICS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 04/15/2024								X Officer (give title below)  Interim CEO & General Counsel					
825 INDUSTRIAL ROAD, 4TH FLOOR				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SAN CA	RLOS	CA	94070												iled by Mor		rting Persor	- 1
(City) (State) (Zip)					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.												
		1	able I - No	n-Deri	vativ	e Se	curit	ies Ac	quired,	Dis	posed o	f, or Be	neficia	ly Owned	I			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Benefici Owned I	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(111501.4)		
Common Stock <sup>(1)</sup> 04/15/2				5/202	/2024		М		20,83	34 A		150	150,185		D			
Common Stock <sup>(2)</sup> 04/15/			5/202	/2024		F		8,851	51 D \$		9 141,334 <sup>(3)</sup>			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	e (Month/Day/Ye	3A. Deeme Execution if any (Month/Da	ed Date,	d 4. Date, Transacti Code (Ins				6. Date Exercisable an Expiration Date (Month/Day/Year)		able and		d Amount ies g Security	8. Price of Derivative Security (Instr. 5)		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	(4)	04/15/2024			M			20,834	(5)		(5)	Common stock	20,834	\$0.00	62,504	(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

04/17/2024

\*\* 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.