FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

					Washington, D.C. 20549										OMB APPROVAL					
Section 16. Form 4 or Form 5 obligations may continue. See						ed pursuar	NT OF CHANGES IN BENEFICIAL OWNERSHIP										OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
1. Name and Address of Reporting Person* Vogt Frederick G (Last) (First) (Middle) C/O IOVANCE BIOTHERAPEUTICS, INC.					2. Issuer Name and Ticker or Trading Symbol IOVANCE BIOTHERAPEUTICS, INC. [IOVA] 3. Date of Earliest Transaction (Month/Day/Year) 03/04/2024								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Interim CEO & General Counsel							
825 INDUSTRIAL ROAD, 4TH FLOOR					4. If Am	Line)									int/Group Filing (Check Applicable					
(Street) SAN CARLOS CA 94070													led by Mor	y One Reporting Person y More than One Reporting						
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication														
			Tab	le I - Nor	n-Deriv		ecurities Acc													
Da					2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year	Code	Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securities Beneficially Owned Fol		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount		(A) or (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock ⁽¹⁾				03/04	/2024		М		41,662		Α	\$ <mark>0</mark>	140	140,800		D				
Common Stock ⁽²⁾ 03/04					/2024		F		11,449	9	D	\$16.96	5 129,	129,351(3)		D				
			T				curities Acqu lls, warrants							Owned						
1. Title of Derivative Security	2. Conversio or Exercis	n Dat	ransaction e onth/Day/Year)	3A. Deeme Execution if any	Date,	4. Transactio Code (Instr		6. Date E Expiratio (Month/D	n Date		of Se	tle and A ecurities erlying		8. Price of Derivative Security	9. Numbe derivative Securities		10. Ownership Form:	11. Nature of Indirect Beneficial		

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Iransaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Ittle and Amount 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(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	(4)	03/04/2024		М			41,662	(5)	(5)	Common stock	41,662	\$0.00	83,338 ⁽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 March 2, 2023, but does not include any other RSUs held by such Reporting Person.

/s/ Frederick G. Vogt

** Signature of Reporting Person

03/06/2024 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.