SEC For	m 4 FORM	4	UNITEI) STA	TES S	ECURITI	ES	S AN	DE	ХСНА		GE CO	омм	ISSION	I					
	Washington, D.C. 20549													OMB APPROVAL						
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										SHIP	Numbe nated av s per res	erage burde	3235-0287 :n 0.5			
transac contrac the pur securit intende defens	chase or sale or ies of the issue ed to satisfy the	e pursuant to a r written plan for of equity r that is																		
1. Name and Address of Reporting Person [*] BILINSKY IGOR 					2. Issuer Name and Ticker or Trading Symbol <u>IOVANCE BIOTHERAPEUTICS, INC.</u> [IOVA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below)						
(Last)(First)(Middle)C/O IOVANCE BIOTHERAPEUTICS, INC.825 INDUSTRIAL ROAD, 4TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 10/14/2024										below) below) Chief Operating Officer				
(Street) SAN CARLOS CA 94070 (City) (State) (Zip)					4. If Am	 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Indivi Line) 									idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	,																		
			le I - Nor			ecurities Ac	<u> </u>	-	Dis											
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Y		2A. Deemed Execution Date if any (Month/Day/Yea	ə, [3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. 5)			I Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount		(A) or (D)	Price	Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock ⁽¹⁾				10/14	/2024			М		2,81	3	A	\$ <mark>0</mark>	57	,235		D			
Common Stock ⁽²⁾ 10/14/					/2024	2024		F		1,428		D	\$9.7	7 55,	807(3)		D			
		Т				urities Acc ls, warrants								Owned						
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3A. Deeme Execution if any (Month/Day/Year)			d Date,	4. Transactio Code (Insti 8)	5. Number n of				ble and				8. Price of Derivative Security (Instr. 5) 8. Price of Security Beneficial Owned Following Reported Transactic (Instr. 4)		e S Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Date Exercisable

(5)

(D)

2,813

(A)

Expiration Date

(5)

Title

Commo

stock

Restricted Stock Units (4) 10/14/2024

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/ Igor Bilinsky

** Signature of Reporting Person

Amount Number

of Shares

2,813

\$0.00

2,813(6)

10/16/2024

Date

D

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).

Code v

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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.