FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
	2005 2005								
OMB Number:	mber: 3235-0287								
Estimated average b	urden								
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*  Brennan John Owen				<u>In</u>	Issuer Name and Ticker or Trading Symbol ImmunityBio, Inc. [ IBRX ]      Date of Earliest Transaction (Month/Day/Year)						(Che	5. Relationship of Reporting Pers (Check all applicable)  Director  Officer (give title			vner	
(Last)					06/11/2024						below)		below)	pecity		
C/O IMMUNITYBIO, INC. 3530 JOHN HOPKINS COURT				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person					
(Street) SAN DIEGO CA 92121			P	Rule 10b5-1(c) Transaction Indication								Form filed by More than One Reporting Person				
(City) (State) (Zip)			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.													
		Tab	le I - Non	-Deri	vativ	e Sec	curities	s Ac	quired, Di	sposed o	f, or Be	neficiall	y Owned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		Code (Instr.   5)			5. Amou Securitie Beneficia Owned F Reported	es Formally (D) (Following (I) (I	orm: Direct )) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
				Code V			Amount	(A) or (D) Price		Transact (Instr. 3 a	ion(s)		Instr. 4)			
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 Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Date,	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. Title 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				
Stock Option (right to buy)	\$5.96	06/11/2024			A		77,633		(1)	06/11/2034	Common Stock	77,633	\$0	77,633	D	

## Explanation of Responses:

1. Subject to the reporting person's continuing to be a Service Provider (as defined in the Issuer's 2015 Equity Incentive Plan) through such applicable vesting date, one hundred percent (100%) of the shares subject to the award will vest on the earlier to occur of June 11, 2025 or the date immediately preceding the next annual meeting of stockholders.

## Remarks:

<u>/s/ Jason Liljestrom, as</u> <u>Attorney-in-Fact</u> <u>06/13/2024</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.