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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

OMB Number:	3235-0287								
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Filed pursuant to Section 16(a)	of the Securities	Exchange Act of 19	34

obligations may Instruction 1(b).	continue. See		d pursuant to Section 16(a) of the Securities Exchange Act of 1934						34	hou		per response:	0.5		
.,				or Sec	ction 30(h) of the Ín	vestmen	t Com	npany Act of 1	940						
1. Name and Address of Reporting Person* <u>Cohen Cheryl</u>				2. Issuer Name and Ticker or Trading Symbol ImmunityBio, Inc. [IBRX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>Conen chery</u>	1										Director	10% Owner		wner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/13/2023						Officer (give below)	title	Other below)	(specify	
C/O IMMUNITYBIO, INC. 3530 JOHN HOPKINS COURT				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line)	6. Individual or Joint/Group Filing (Check Applicable Line)				
										X	Form filed by One Reporting Person				
(Street) SAN DIEGO CA 92121								Form filed by More than One Reporting Person			orting				
SAN DIEGO	CA		Rule 10b5-1(c) Transaction Indication												
(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.											
	-	Fable I - No	n-Deriva	tive S	ecurities Acq	uired, I	Disp	osed of, c	or Bene	eficially	Owned				
Date			2. Transad Date (Month/Da	Execution Date, Transaction Disposed Of (D) (Instr. 3				5. Amount of Securities Beneficially Owned Follow	ving	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
						Code	v	Amount	(A) or (D)	Price	Reported Transaction(s (Instr. 3 and 4			(Instr. 4)	
		Table II -	Derivati	ve Se	curities Acqui	red, Di	ispo	sed of, or	Benef	icially O	wned				
			(e.g., pu	its, cal	lls warrants	ontion	s. co	onvertible	securi	ties)					

	(e.g., puts, cans, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		5. Number Derivative Securitie Acquired or Dispo- of (D) (In 3, 4 and	e s I (A) sed str.	6. Date Exerc Expiration D (Month/Day/	ate	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)	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		(Instr. 4)		
Stock Option (right to buy)	\$2.99	06/13/2023		А		158,263		(1)	06/13/2033	Common Stock	158,263	\$0	158,263	D	

Explanation of Responses:

1. Subject to the reporting person's continuing to be a Service Provider (as defined in the 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 13, 2024 or the date immediately preceding the next annual meeting of stockholders.

Remarks:

/s/ Jason Liljestrom, as Attorney-in-Fact

06/15/2023

** 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.