SEC Form 4 FORM 4	INITED STATES SECURITIES AND EXCHANGE COM	IMISSION
	Washington, D.C. 20549	OMB APPROVA
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	STATEMENT OF CHANGES IN BENEFICIAL OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	ERSHIP OMB Number: 323 Estimated average burden hours per response:
	or Section 30(h) of the Investment Company Act of 1940	
1. Name and Address of Reporting Person*	2. Issuer Name and Ticker or Trading Symbol ImmunityBio, Inc. [IBRX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

09/01/2023

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(Street)												Form ti	led by One	e Reporting Per	son				
SAN DIEGO CA 92121											Form fi Person		re than One Re	porting					
(City)	City) (State) (Zip)				Rule	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instru													
		٦	Table I - No	n-Deriv	ative Se	curities Acc	quired,	Disp	osed of	f, or Ben	eficially	y Owned							
			2. Trans 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)		5. Amou Securitie Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership					
						Code	v	Amount	(A) or (D)	Price	 Reported Transaction(s) (Instr. 3 and 4) 			(Instr. 4)					
Common Stock 09/01/					1/2023	/2023		32,87		2 A	\$ <mark>0</mark>	53,	902	D					
			Table II -			urities Acqu s, warrants,	,		,		-	Owned							
1. Title of Derivative	2. Conversion	3. Transaction	3A. Deem		4. Transaction		6. Date Expiration			7. Title and Amou		8. Price of Derivative	9. Numbe		11. Natur				

3. Date of Earliest Transaction (Month/Day/Year)

4. If Amendment, Date of Original Filed (Month/Day/Year)

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. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Inst 3, 4 and 5)		vative urities uired or oosed O) (Instr.	6. Date Exerc Expiration Da (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) (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	(1)	09/01/2023		М			32,872	(2)	(2)	Common Stock	32,872	\$0	32,872	D		

Explanation of Responses:

LAUER REGAN J

C/O IMMUNITYBIO, INC.

3530 JOHN HOPKINS COURT

(Last)

(First)

(Middle)

1. Each restricted stock unit ("RSU") represents a contingent right to receive one share of ImmunityBio, Inc. common stock.

2. Subject to the reporting person's continuing to be a Service Provider (as defined in the Amended and Restated 2015 Equity Incentive Plan) through each applicable vesting date, fifty percent (50%) of the RSUs subject to the award vested on September 1, 2023 and the remaining fifty percent (50%) of the RSUs subject to the award shall vest on January 31, 2024.

Remarks:



** Signature of Reporting Person Date

09/06/2023

3235-0287

10% Owner

below)

Other (specify

Director

below)

Х

Officer (give title

Chief Accounting Officer

6. Individual or Joint/Group Filing (Check Applicable Line)

0.5

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.