FORM 4

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

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 * Roivant Sciences Ltd.				Imn	2. Issuer Name and Ticker or Trading Symbol Immunovant, Inc. [ IMVT ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner					
(Last) SUITE 1, 3RD	(Last) (First) (Middle)				10/0	3. Date of Earliest Transaction (Month/Day/Year) 10/06/2022									Officer (give title below)		Other ( below)		
11-12 ST. JAMES'S SQUARE					4. If Amendment, Date of Original Filed (Month/Day/Year)								- 1	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street) LONDON (City)	X0 (State)	SV (Zi)	V1Y 4LB												Form file	d by More	than C	ne Reportin	g Person
(Oily)	(Oldio)		ble I - No	n-Der	ivativ	e Se	curitie	s Acq	uired, l	Disp	osed of,	or E	Benefic	cially Ow	/ned				
Date				e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dis			ecurities Acquired (A) or osed Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	nount (A) or (D)		Price	Transactio (Instr. 3 an				(Instr. 4)
Common Stock, \$0.0001 par value per share 10/0				06/202	2			P		416,66	416,667 A		\$6	73,80	73,805,331		D		
	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 Date (Month/Day/Year) Price of Derivative Security  3. Transaction Date Execution D if any (Month/Day/			ate, Transaction Code (Instr.			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		te	Securities Und		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
		Code		Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	on(s)			

**Explanation of Responses:** 

/s/ Matt Maisak, as Authorized

**Signatory** 

\*\* Signature of Reporting Person

Date

10/07/2022

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

 $Note: File \ three \ copies \ of \ this \ Form, \ one \ of \ which \ must \ be \ manually \ signed. \ If \ space \ is \ insufficient, \ see \ Instruction \ 6 \ for \ procedure.$ 

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).