FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPE	ROVAL
OMB Number:	3235-0287
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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 OF SECURITIES

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 * Fromkin Andrew J.			2. Issuer Name and Ticker or Trading Symbol Immunovant, Inc. [IMVT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director						
	(Last) (First) (Middle) 320 W 37TH STREET, 3RD FLOOR		3. Date of Earliest Transaction (Month/Day/Year) 12/18/2019						Officer (give	e title below)	Other	(specify below)		
(Street) NEW YORK, NY 10018			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
	(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu				s Acquire	ired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any	emed on Date, if /Day/Year)	Code (Instr.	(A	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficia Owned Following Reported Transaction(s) (Instr. 3 and 4)		d C F D	ownership of orm:	. Nature of Indirect Beneficial Ownership
						Cod	le V A	mount (A) or (D)	Price			(1		
Reminder:							in this f	s who respon orm are not re s a currently v	equired to	o respond	unless the		ed SEC 14	74 (9-02)
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transac Code	5. Num of Den Securi	nrants nber ivative ties	in this f displays uired, Dispo options, con 6. Date Exe Expiration I (Month/Day	orm are not ros a currently vessed of, or Bene envertible securicisable and Date	equired to valid OME eficially Ovities) 7. Title ar of Underl Securities	o respond B control r wned nd Amount lying	8. Price of Derivative Security	9. Number of Derivative Securities	10. Ownership Form of	11. Natur of Indirec Beneficia
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1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	5. Num of Der Securi Acqui or Dis of (D)	mber ivative ties red (A) posed	in this f displays uired, Dispo options, con 6. Date Exe Expiration I (Month/Day	orm are not rus a currently vised of, or Bene envertible securircisable and Date //Year)	equired to valid OME eficially Ovities) 7. Title ar of Underl Securities	o respond B control r wned nd Amount lying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Fromkin Andrew J. 320 W 37TH STREET, 3RD FLOOR NEW YORK, NY 10018	X				

Signatures

/s/ W. Bradford Middlekauff, attorney-in-fact for Andrew J. Fromkin	12/20/2019
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) This stock option vests over a period of three years, with 1/3 of the shares underlying the option vesting on each of the first, second and third anniversaries of the vesting commencement date.

In connection with the share exchange transaction pursuant to which Health Sciences Acquisitions Corporation ("HSAC") acquired 100% of the issued and outstanding shares of (2) Immunovant Sciences Ltd., the option to purchase 157,812 shares of Immunovant Sciences Ltd. at exercise price of \$4.12 per share, was assumed by HSAC and converted into an option to purchase shares of the Issuer (formerly known as HSAC).

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

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.