FORM	4
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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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

(Print or Type Responses)												
1. Name and Address of R Macias William L.	1	2. Issuer Name and Immunovant, Inc.		ading	Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) C/O IMMUNOVAN STREET, 6TH FLOO		3. Date of Earliest Transaction (Month/Day/Year) 06/11/2021						X_Officer (give title below) Other (specify below) Chief Medical Officer				
NEW YORK, NY 10	2	4. If Amendment, Dat	te Original F	iled(N	1onth/Day/Yea	r)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security 2. Transaction [Instr. 3) Date (Month/Day/Ye				Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Transaction(s)	6. Ownership Form:	Beneficial	
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock (1)		06/11/2021		А		18,674 (<u>2</u>)	А	\$ 0	18,674	D		
Common Stock (1) 06/11/2021		06/11/2021		А		93,371 (<u>3)</u>	А	\$ 0	112,045	D		

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number	of	6. Date Exer	cisable and	7. Title and	Amount of	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	Derivative	ivative Expiration Date U		Underlying Securities		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Securities		(Month/Day	/Year)	(Instr. 3 and	4)	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Acquired ((Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					or Dispose	d of							~	(Instr. 4)
	Security					(D)							0	Direct (D)	
						(Instr. 3, 4	,						1	or Indirect	
						and 5)							Transaction(s)	< / <	
								Date	Expiration		Amount or		(Instr. 4)	(Instr. 4)	
								Exercisable			Number of				
				Code	V	(A)	(D)				Shares				
Stock															
Option										Common					
(right to	\$ 10.71	06/11/2021		Α		369,320		<u>(4)</u>	06/11/2031	Stock	369,320.00	\$ 0	369,320	D	
										STOCK					
buy)															

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Macias William L. C/O IMMUNOVANT, INC. 320 W 37TH STREET, 6TH FLOOR NEW YORK, NY 10018			Chief Medical Officer					

Signatures

/s/ Pamela Yanchik Connealy, attorney-in-fact for William L. Macias	06/15/2021
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) Represents the number of shares underlying restricted stock units awards ("RSUs").

- The RSUs vest over four years, with 25% of the RSUs vesting on April 13, 2022 and the remainder of the RSUs vesting in 12 equal quarterly installments thereafter, subject to the Reporting (2) Person providing continuous service to the Issuer as of each such date.
- (3) The RSUs vest in their entirety on December 31, 2021, subject to the Reporting Person providing continuous service to the Issuer as of such date.
- (4) Shares underlying the options vest over four years, with 25% of the shares underlying the options vesting on April 13, 2022 and the remainder of the shares underlying the options vesting in 12 equal quarterly installments thereafter, subject to the Reporting Person providing continuous service to the Issuer as of each such date.

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

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