FORM 4

if no

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instru	ction 1(b).				111 V	Cotiment	Comp	any Act	01 17 1	10							
(Print or Ty	pe Response	s)															
1. Name and Address of Reporting Person* Yanchik Connealy Pamela					2. Issuer Name and Ticker or Trading Symbol Immunovant, Inc. [IMVT]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 320 W 37TH STREET, 3RD FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 12/18/2019							X Officer (give title below) Other (specify below) Chief Financial Officer						
(Street)			4. Ii	4. If Amendment, Date Original Filed(Month/Day/Year)						_X	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person						
	ORK, NY											roilli illed by N	Tore than One K	ceporting reison			
(Cit	y)	(State)	(Zip)				Table	I - Non-Dei	rivativ	e Securitio	es Acquire	d, Disposed	of, or Benef	icially Owned			
(Instr. 3) Da			2. Transactio Date (Month/Day/	Year) Ex	2A. Deemed Execution Da any (Month/Day/		3. Tra Code (Instr.	. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or (D) Price		of (D) Ow Tra	5. Amount of Securities of Owned Following Report Transaction(s) (Instr. 3 and 4)		O FC D or (I)	wnership of orm: Be irect (D) Or Indirect (In	Nature Indirect eneficial wnership nstr. 4)	
Reminder:	Report on a s	separate line for each		e II - De	rivativ	e Securiti	es Acq	Person in this	ns who	are not rovalid OME	equired to B control : eficially Ow	respond ι number.		on contained form display		74 (9-02)	
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date any (Month/Day/Yo	e, if Tran	nsaction	5. Numl Derivati Securiti Acquire or Dispo	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title an of Underly Securities (Instr. 3 ar	ing	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia Ownershi (Instr. 4)	
				Со	de V	(A)	(D)	Date Exercisabl		iration e	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)		
Stock Option (right to buy)	\$ 8.43	12/18/2019		Α	١	433,58	8	(1)	11/	19/2029	Common Stock	ⁿ 433,588	(2)	433,588	D		
Repor	ting O	wners															
				Relationships													
Reporting Owner Name / Address		Director	rector 10% Owner Off		fficer			Other									
Yanchik Connealy Pamela 320 W 37TH STREET, 3RD FLOOR NEW YORK, NY 10018			OR .		Chief Financial Officer												

Signatures

/s/ W. Bradford Middlekauff, attorney-in-fact for Pamela Yanchik Connealy	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).
- $\textbf{(1)}\ \ 25\%\ of\ the\ shares\ underlying\ the\ option\ vests\ on\ the\ first\ anniversary\ of\ the\ grant\ date,\ and\ the\ remainder\ vests\ in\ 12\ equal\ quarterly\ installments\ thereafter.$
- 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 886,563 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 no	ot required to respond unless the form displays a currently valid OMB number.