## FORM 4

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

| O         | OMB APPROVAL             |     |  |  |  |  |  |  |
|-----------|--------------------------|-----|--|--|--|--|--|--|
| OMB Num   | 3235-0287                |     |  |  |  |  |  |  |
| Estimated | 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 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 Ty   | pe Response | s)   |   |   |   |                     |              |                             |           |                    |                           |  |   |            |   |   |                          |  |
|--|-------------|--|---|---|---|---------------------|--------------|-----------------------------|-----------|--------------------|---------------------------|--|---|------------|---|---|--------------------------|--|
| 1. Name and Address of Reporting Person * Jain Rita                              |             |  |   |   | 2. Issuer Name and Ticker or Trading Symbol Immunovant, Inc. [IMVT] |                     |              |                             |           |                    |                           | 4  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner  |            |   |   |                          |  |
| (Last) (First) (Middle)<br>C/O IMMUNOVANT, INC., 320 W 37TH<br>STREET, 6TH FLOOR |             |  |   |   | 3. Date of Earliest Transaction (Month/Day/Year) 01/22/2021         |                     |              |                             |           |                    |                           |  | X Officer (give title below) Other (specify below)  Chief Medical Officer   |            |   |   |                          |  |
| (Street) NEW YORK, NY 10018  |             |  |   | 4. If A   | 4. If Amendment, Date Original Filed(Month/Day/Year)                |                     |              |                             |           |                    |                           |  | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person |            |   |   |                          |  |
| (Cit   |             | (State)                                    | (Zip)   |   |   |                     | Tab          | le I - No                   | n-De      | erivative Sec      | uriti                     | ies Acquii   | red, Disposed of  | or Benefic | cially Owned  | <u> </u>  |                          |  |
| (Instr. 3)   |             | 2. Transaction<br>Date<br>(Month/Day/Ye    | ear) Exe  | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) |   | 3. T<br>Cod<br>(Ins | ransactio    | (A) or Dispose              |           | Acq                | quired (for (D) (for (D)) | 5. Amount of Securities Beneficially<br>Owned Following Reported<br>Transaction(s)<br>(Instr. 3 and 4) |   | eficially  | 6.<br>Ownership<br>Form:  | 7. Nature<br>of Indirect<br>Beneficial                          |                          |  |
|  |             |  |   |   |   | (M                  |              | Code                        | v         | Amount (A)         |                           |  |   |            |   | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4)                  | Ownership<br>(Instr. 4)  |  |
| Common Stock (1) 01/22/2021  |             |  |   |   |   |                     | A            |                             | 20,000 A  | 1                  | \$ 0 2                    | 20,000   |   |            | D   |   |                          |  |
|  |             |  | Table   |   |   |                     |              | cquired                     | , Disp    | ntly valid O       | Bene                      | eficially O  |   |            |   |   |                          |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              | Conversion  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code                                   |   | 5. Numbe            | (A)<br>ed of | 6. Date<br>Expira<br>(Month | Exe       | rcisable and       |                           | 7. Title and   | d Amount of<br>g Securities<br>d 4)   |            | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction | Owners<br>Form o<br>Derivat<br>Security<br>Direct (<br>or Indir | Ownersh<br>y: (Instr. 4) |  |
|  |             |  |   | Code  | V   | (A)                 | (D)          | Date<br>Exercis             | sable     | Expiration<br>Date | Т                         | Γitle  | Amount or<br>Number of<br>Shares  |            | (Instr. 4)  | (Instr. 4   |                          |  |
| Stock<br>Option<br>(right to<br>buy)   | \$ 42.19    | 01/22/2021                                 |   | A   |   | 220,000             |              | (3                          | <u>1)</u> | 01/22/203          | 31                        | Commor<br>Stock  | 220,000.00  | \$ 0       | 220,000   | D   |                          |  |
| Repor  | ting O      | wners                                      |   |   |   |                     |              |                             |           |                    |                           |  |   |            |   |   |                          |  |

|   | Relationships |              |                       |       |  |  |  |
|---|---------------|--------------|-----------------------|-------|--|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer               | Other |  |  |  |
| Jain Rita<br>C/O IMMUNOVANT, INC.<br>320 W 37TH STREET, 6TH FLOOR<br>NEW YORK, NY 10018 |               |              | Chief Medical Officer |       |  |  |  |

### **Signatures**

| /s/ Pamela Yanchik Connealy, attorney-in-fact for Rita Jain | 01/25/2021 |
|---|------------|
| 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").
- (2) The RSUs vest over four years, with 25% of the RSUs vesting on January 11, 2022 and the remainder of the RSUs vesting in 12 equal quarterly installments thereafter, subject to the Reporting Person providing continuous service to the Issuer as of each such date.

(3) Shares underlying the option vest over four years, with 25% of the shares underlying the option vesting on January 11, 2022, and the remainder of shares underlying the option 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.

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.