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

OMB APPR	OVAL
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houre per reenonce	0.5

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

Option (right to buy)	\$ 17.00	03/19/2021 wners		Code A	V	(A) 191,100	(D)	Date Exercisab	Expiration Date  03/19/20	4 I I	mmon	Number of Shares	\$ 0	191,100	D D	
Stock Option (right to buy)	\$ 17.00	03/19/2021				. ,	(D)	Exercisab	e Date	31 Con	mmon	Number of Shares	\$ 0			
				Code	V	(A)	(D)			Title	e	Number of		(IIIsti. 4)	(msu. 4)	
												Amount or		(Instr. 4)	(Instr. 4)	
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security		Execution Date, if	4. 5. Numb Transaction Code (Instr. 8) Acquired or Dispos (D) (Instr. 3, and 5)			(A) ed of	6. Date Ex Expiration (Month/D		7. Title and Amou Underlying Secur (Instr. 3 and 4)		g Securities		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownershi Form of Derivativ Security: Direct (D or Indirect)	Benefi Owner (Instr.
			Table I						sposed of, or convertible s			wned				
Reminder:	Report on a s	separate line for each	n class of securities b	eneficia	lly ow	vned direc	tly o	Pers this		requir	ed to r	collection of ir respond unles number.			in SEC 1	474 (9-02
Commor	n Stock (1)		03/19/2021					A	54,500 (2)	A S	\$ 0	59,500		D	)	
				(World)/De		, ug, 1 cui,	C	ode V	Amount	A) or (D) Price		,		(	r Indirect (	
(Instr. 3)		2. Transaction Date (Month/Day/Ye	ear) any		eemed tion Date, if h/Day/Year)	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D) (	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		( H	Ownership of the corm:	7. Nature of Indirect Beneficial Ownership	
(Ci		(State)	(Zip)				Tab	le I - Non-	Perivative Sec	curities	Acquir	red, Disposed of	, or Benefic	cially Owned		
(Street) NEW YORK, NY 10018				4. If Amendment, Date Original Filed(Month/Day/Year)							X_Officer (give title below) Other (specify below)  Chief Dev. & Tech. Officer  6. Individual or Joint/Group Filing(Check Applicable Line)  X_Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(Last) (First) (Middle) C/O IMMUNOVANT, INC., 320 W 37TH STREET, 6TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 03/19/2021												
	Print or Type Responses)  1. Name and Address of Reporting Person * Butchko Julia G.				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				
Butchko (La																

		Relationships					
Reporting Owner Name / Address		Director	10% Owner	Officer	Other		
	Butchko Julia G. C/O IMMUNOVANT, INC. 320 W 37TH STREET, 6TH FLOOR NEW YORK, NY 10018			Chief Dev. & Tech. Officer			

## **Signatures**

/s/ Pamela Yanchik Connealy, attorney-in-fact for Julia G. Butchko	03/23/2021
**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 March 19, 2022 and the remainder of the RSUs vesting in 36 equal monthly installments thereafter, subject to the Reporting Person providing continuous service to the Issuer as of each such date.

(3) Shares underlying the options vest over four years, with 25% of the shares underlying the options vesting on March 19, 2022 and the remainder of the shares underlying the options vesting in 36 equal monthly 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.