## FORM 4

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

| OMB APPE           | ROVAL     |
|--------------------|-----------|
| OMB Number:        | 3235-0287 |
| Estimated average  | burden    |
| houre per reenonee | 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 * Salzmann Peter                         |             |  |  |   | 2. Issuer Name and Ticker or Trading Symbol Immunovant, Inc. [IMVT] |            |                           |  |  |  |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X 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) 03/19/2021         |            |                           |  |  |  |  | X Officer (give title below) Other (specify below)  Chief Executive Officer                  |              |   |  |             |
| (Street) NEW YORK, NY 10018  |             |  |  |   |   |            |                           |  |  | 6. Individual or Joint/Group Filing/Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person |  |  |              |   |  |             |
|  | ity)        | (State)  | (Zip)  |   |   |            | Tab                       | le I - Non-l   | Derivative   | Securi   | ities Acquir   | ed, Disposed of  | , or Benefic | cially Owned  |  |             |
| (Instr. 3) Date  |             | 2. Transaction<br>Date<br>(Month/Day/Ye  | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year |   | Date, if  | (Instr. 8) |                           | 4. Securities Acqui<br>(A) or Disposed of<br>(Instr. 3, 4 and 5) |  | cquired 5. Amount of S Owned Follow  |  | ecurities Beneficially<br>ing Reported   |              | orm:  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                    |             |
|  |             |  | Ì  | (Internal Buy, 1 car)                                 |   | C          | ode V                     | Amount   |  | ) or<br>D) Price   | ( ,  |  | (1           | or Indirect (I:<br>(I)<br>(Instr. 4)  | (Instr. 4)   |             |
| Commo  | n Stock (1) |  | 03/19/2021   |   |   |            |                           | A  | 132,500<br>(2)   | ) A  | \$ 0   | 132,500  |              | Ι   | )  |             |
|  | •           |  | Table  |   |   |            |                           | this<br>curre  | form are in the introduced the interest of the | not re<br>I OME<br>or Bei  | quired to a control number of the control of the co |  |              |   | n SEC  | 1474 (9-02) |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              |             | onversion Date Execution Date, Exercise (Month/Day/Year) any (Month/Day/Year) (Month/Day/Year) | Execution Date, if   | 4. 5. Numb<br>Transaction Derivativ<br>Code Securitie |   |            | r of<br>e<br>(A)<br>ed of | 6. Date Expiration (Month/D                                      |  |  | 7. Title and   | 1 Amount of<br>3 Securities<br>d 4)  |              | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s | Ownersh<br>Form of<br>Derivativ<br>Security:<br>Direct (I<br>or Indire | (Instr. 4)  |
|  |             |  |  | Code  | v   | (A)        | (D)                       | Date<br>Exercisab  | Expirati<br>Date   | on   | Title  | Amount or<br>Number of<br>Shares   |              | (Instr. 4)  | (Instr. 4)   |             |
|  |             |  |  |   |   |            |                           |  |  |  |  |  |              |   |  |             |

#### **Reporting Owners**

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

### **Signatures**

| /s/ Pamela Yanchik Connealy, attorney-in-fact for Peter Salzmann | 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.