(Print or Type Responses)

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

OMB APPR	OVAL
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longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading Symbol Immunovant, Inc. [IMVT]					mbol			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
		NT, INC., 320 W	(Middle) V 37TH STREE	г.		of Earliest T 2021	ransaction	(Month/Da	y/Year)		_X	Officer (give title		Other (sp	ecify below)	
(Street)				4. I	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
NEW YORK, NY 10018											-					
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owne								lly Owned								
(Instr. 3) Date		2. Transaction Date (Month/Day/	Year)			(Instr. 8)	(A) or Disposed of					ansaction(s) O	vnership c	'. Nature of Indirect Beneficial Ownership		
	(Month/Day/Year)		Code	· V		(D)	Price			Direct (D or Indirec (I) (Instr. 4)						
Reminder:	Report on a s	senarate line for each	class of securities h	enefici	ally o	wned direc	tly or indire	ectly.	ſ							
	Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 1474 (9-02)															
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
Security (Instr. 3)	e Conversion or Exercise Price of Derivative		3A. Deemed Execution Date, if any (Month/Day/Year) 4. Tr		ode Acquired (A) or		Securities (A) or of (D)	Expiration Date Under		7. Title and Underlying (Instr. 3 and	Securities	Derivative Security	9. Number of Derivative Securities Beneficially Owned	Form of Derivativ Security:	(Instr. 4)	
	Security			Code	V	(A)	(D)	Date Exercisab	Expiratio Date	n	Title	Amount or Number of Shares		Following Reported Transaction(s (Instr. 4)	Direct (D or Indirect (I) (Instr. 4)	
Stock Option (right to buy)	\$ 8.62	09/11/2021		A		319,700		(1)	05/14/2	030	Common Stock	319,700.00	\$ 0	319,700	D	
Stock Option (right to buy)	\$ 19.01	09/11/2021		D			319,700	(1)	05/14/2	030	Common Stock	319,700.00	\$ 0	0	D	
Stock Option (right to buy)	\$ 8.62	09/11/2021		A		191,100		(2)	03/19/2	031	Common Stock	191,100.00	\$ 0	191,100	D	
Stock Option (right to buy)	\$ 17.00	09/11/2021		D			191,100	(2)	03/19/2	031	Common Stock	191,100.00	\$ 0	0	D	

Reporting Owners

	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/ Julia G. Butchko	09/14/2021				
**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) 25% of the shares underlying the options vested on May 15, 2021, and the remainder vested or vests in 36 equal monthly installments thereafter, subject to the Reporting Person providing continuous service to the Issuer as of each such date.
- (2) 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.