FORM	4
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Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

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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 Type Respo	onses)		r								
1. Name and Addre Salzmann Peter	2. Issuer Name an Immunovant, In			iding Sym	ibol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) C/O IMMUNO STREET, 6TH	3. Date of Earliest Transaction (Month/Day/Year) 04/27/2022						X Officer (give title below) Other (specify below) Chief Executive Officer Other (specify below)				
NEW YORK, N	4. If Amendment, I	Date Origin	al Fi	led(Month/I	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					
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		4. Securi (A) or D (Instr. 3, Amount	isposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	(1)	04/27/2022		S		1,622	D	\$ 4.72	557,106	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Numl	Number and Expiration Date		on Date	Amount of Derivative		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of	of (Month/Day/Year) U		Underlying Security		Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Securities (Instr. 5)		Beneficially	Derivative	Ownership	
	Derivative					Securities ((Instr. 3 and			Owned	Security:	(Instr. 4)		
	Security					Acqu	Acquired		4)		Following	Direct (D)			
						(A) or			, ,			Reported	or Indirect		
					Disposed							Transaction(s)	(I)		
					of (D))						(Instr. 4)	(Instr. 4)	
						(Instr. 3,									
						4, and 5)									
											Amount				
								D (.		or				
								Date Exercisable	Expiration	¹ Title	Number				
									Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

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

Signatures

/s/ Eva Renee Barnett, attorney-in-fact for Peter Salzmann

04/29/2022 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).
- On March 19, 2021, the holder was granted 132,500 restricted stock units ("RSUs"), as previously reported on a Form 4 filed on March 23, 2021, of which 2,760 of these (1) RSUs vested on April 19, 2022. Amounts reported herein represent shares sold by the holder solely to satisfy the holder's tax withholding obligation due in connection with the vesting and settlement of this tranche of the RSUs and do not represent a discretionary sale by the holder.

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.