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

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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).

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 * Macias William L.				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				
(Last) (First) (Middle) C/O IMMUNOVANT, INC., 320 W 37TH STREET, 6TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 07/22/2022						X Officer (give title below) Other (specify below) Chief Medical Officer					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
NEW YORK, NY 10018 (City) (State) (Zip)			Table I - Non-Derivative Securities Acou					ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	f Code (Instr. 8)		T		equired d of	ed 5. Amount of Securities Beneficially Owned Followin Reported Transaction(s) (Instr. 3 and 4)		es Following	6. Ownership Form: Direct (D)	Beneficial Ownership
					Code	V	Amount	(A) or (D)	r Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock (1)		07/22/2022		S		322	D	\$ 4.7	195,626			D	
					es Acquire	the fo	orm disposed of	plays a f, or Be	a curre	ntly valid				
1. Title of Derivative Security or Exercise (Month/Day/Year) 3A. Deemed Execution Date any			Derivative Securities Acquired (e.g., puts, calls, warrants, option of the second seco			contained in this form are the form displays a curre ed, Disposed of, or Beneficial tions, convertible securities) 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year)			Title and nount of derlying curities str. 3 and 8. Price of Derivative Security (Instr. 5) Beneficial Owned		9. Number of Derivative Securities Beneficially	of 10. 11. Natu Ownership Form of Benefici		
	Security				(A) or Disposed of (D) (Instr. 3, 4, and 5)						Reported Transaction(s (Instr. 4)	or Indire	/	
				Code V	(A) (D)	Date Exerc	cisable I	Expiration Date	on Title	Amount or Number of Shares				
Repor	ting O	wners		, , , , , ,										
				Relatio	onships									
Reporting Owner Name / Address			ess	100/										

		Relationships					
Reporting Owner Name / Address		Director 10% Owner Office		Officer	Other		
	Macias William L. C/O IMMUNOVANT, INC. 320 W 37TH STREET, 6TH FLOOR NEW YORK, NY 10018			Chief Medical Officer			

Signatures

/s/ Eva Renee Barnett, attorney-in-fact for William L. Macias	07/26/2022
**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).
- On June 11, 2021, the holder was granted 18,674 restricted stock units ("RSUs"), as previously reported on a Form 4 filed on June 15, 2021, of which 1,167 of these RSUs (1) vested on July 13, 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.