FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

	tion 1(b).	iue. See						of the Secu nvestment C				34		hours	per res	sponse:	0.5
1. Name and Address of Reporting Person [*] Lias Roger J.					2. Issuer Name and Ticker or Trading Symbol Avid Bioservices, Inc. [CDMO]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner X Officer (give title Other (specify below) President & CEO			.,	
(Last) (First) (Middle) 2642 MICHELLE DRIVE, SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 05/01/2018							2				pecify	
(Street) TUSTIN 			92780 (Zip)	4	. If Am	endment,	Date of	Öriginal File	ed (Mo	onth/Day	//Year)	Line	K Form fi	ed by One ed by Mor	e Repo	(Check App rting Persor One Repor	
		Tal	ble I - Non-	Derivati	ve Se	ecuritie	s Acq	quired, D	ispo	sed of	f, or Ber	neficiall	y Owned				
Date			2. Transactic Date (Month/Day/		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		isposed	ties Acquired (A) or I Of (D) (Instr. 3, 4 a		5. Amour Securitie Beneficia Owned F	es For ally (D) Following (I) (: Direct I Indirect I str. 4)	7. Nature of ndirect Beneficial Dwnership	
							Code V		mount	(A) or (D)	Price		nsaction(s) htr. 3 and 4)			Instr. 4)	
			Table II - D (e					ired, Dis options,					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	xercise (Month/Day/Year) e of vative	Execution Date,		Code (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s Ily I	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercisable	Exp Date	piration e	Title	Amount or Number of Shares					
Stock Option (right to	\$3.38	05/01/2018		A		50,000	C)9/25/2018 ⁽¹⁾	05/0	01/2028	Common Stock	50,000	\$0.0000	200,00	00	D	

Explanation of Responses:

buy)

1. This option represents the balance of the approved stock option grant to Dr. Lias' upon commencement of employment on September 25, 2017 as reported by the Issuer in its Current Report on Form 8-K filed with the Commission on September 14, 2017. The option vests in four (4) equal installments with the first installment vesting on September 25, 2018, the one year anniversary of his employment start date, and annually thereafter until fully-vested.

<u>/s/ Ro</u>	<u>oger .</u>	J. Lias		
			_	

05/03/2018

Date

** Signature of Reporting Person

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

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.