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

washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
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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* <u>Kwietniak Matthew R.</u>						2. Issuer Name and Ticker or Trading Symbol Avid Bioservices, Inc. [CDMO]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 14191 MYFORD ROAD				3. Date of Earliest Transaction (Month/Day/Year) 01/11/2024								X Office below	er (specify w) er						
(Street) TUSTIN	C	CA 92780			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)				Ru	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to														
		Tab	e I - Noi	n-Deriv	ative	satisfy	y the af	firmative	e defense co	onditio	ns of Rule	10b5-1(c). S	See Instruc	lly Owne		i pian triat is inte	nided to		
1. Title of Security (Instr. 3) 2. D			2. Trans Date (Month/I		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		e, Transaction Disposed Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 a		Benefic	es ially Following	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
					_			Code	v	Amount	(D)	Frice	Transac (Instr. 3	tion(s) and 4)		(IIISU. 4)			
Parameter Programme					1/2024 2/2024							S		274 ⁽	_	_		20,103	D D
		Т										f, or Ber ible sec		y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date,	4. Transa Code (8)				6. Date Exercisi Expiration Date (Month/Day/Yea			7. Title an Amount of Securities Underlyin Derivative (Instr. 3 a	of s ig e Security	8. Price of Derivative Security (Instr. 5)		Owners Form: Direct (I or Indirect (I) (Instr	Beneficial Ownership ect (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		expiration Pate	Title	Amount or Number of Shares						
Restricted Stock Units	(1)	01/11/2024			M			669	(3)		(3)	Common Stock	669	\$0	35,097	7 D			

Explanation of Responses:

- 1. Each restricted stock unit ("RSU") represents the contingent right to receive, upon vesting, one share of the Issuer's Common Stock.
- 2. Represents the shares automatically sold by the reporting person pursuant to an election to satisfy tax withholding obligations in connection with the vesting of the RSUs described in footnote 3. This sale does not represent a discretionary trade by the reporting person.
- 3. RSUs granted to the reporting person on October 11, 2021, is subject to a four (4) year vesting schedule. 25% vested on the first anniversary of the date of grant, and the remaining balance vest in twelve (12) equal quarterly installments beginning January 11, 2023 and each quarter thereafter until fully-vested, subject to the reporting person's continuous service to the Issuer on such vesting dates.

<u>/s/ Stephen Hedberg, by Power</u> of Attorney for Matthew R. 01/12/2024

Kwietniak

** Signature of Reporting Person Date

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.