FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvaoriinigtori,	D.O.	20010	

STATEMENT	OF	CHANGES	IN BEN	NEFICIAL	OWNERS	HIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Section	n 30(I	h) of the	Investr	nent (Company Act	of 1940							
1. Name and Address of Reporting Person* Hancock Richard B					2. Issuer Name and Ticker or Trading Symbol Avid Bioservices, Inc. [CDMO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Hancock Richard D										_	_			X Director				10% O	vner
(Last) 14191 M	(Fi	*	(Middle))		Date of /01/20	e of Earliest Transaction (Month/Day/Year) /2023								Officer below)	(give title		Other (below)	specify
4. If Amendment, Date of Original Filed (Month/Day/Year)											idual or	Joint/Group	Filing	(Check Ap	plicable				
(Street)														ine) X	Form filed by One Reporting Person				un.
TUSTIN	C	A	92780											Λ		Form filed by More than One Reporting			
(City)	(Si	tate)	(Zip)		-										Persor		o alai	r one respe	ing
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transacti Date (Month/Day	Execut Year) if any		Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			nd 5) Sed Bei Ow		urities For eficially (D) ed Following (I)		: Direct	7. Nature of Indirect Beneficial Ownership	
									Code V		Amount	(A) or (D)	or Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock, \$0.0	001 par value		02/01/20	023	23		M		5,000	A	\$4.6	4.67		44,134		D		
Common	Stock, \$0.0	001 par value		02/01/20	023	23		S ⁽¹⁾		5,000	D	\$16.01	0154 ⁽²⁾ 39		39,134		D		
		7	able I								sposed of				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	tion Date,		ransaction Code (Instr.		umber ivative urities juired or posed D) tr. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amour or Number of Shares	er					
Stock Option (right to buy)	\$4.67	02/01/2023			M ⁽¹⁾			5,000	(3))	11/27/2027	Commor Stock	5,000	0 \$	0.0000	193,26	6	D	

Explanation of Responses:

- 1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on October 7, 2022.
- 2. Represents a weighted average sales price per share. These shares were sold at prices ranging from \$16.00 to \$16.085. The Reporting Person has provided to the Issuer, and hereby undertakes to provide the SEC staff or a security holder of the Issuer, upon request, information regarding the number of shares sold at each respective price within the range set forth in this footnote.
- 3. Stock option granted to the reporting person on November 27, 2017 vested monthly over a three (3) year period and was fully-vested as of November 27, 2020.

/s/ Stephen Hedberg, by Power 02/03/2023 of Attorney for Richard B.

Hancock

** 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.