FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE** COMMISSION

Washington, D.C. 20549

	OMB APP	ROVAL				
	OMB Number: 3235-028					
l	Estimated average burden					
l	hours per response:	0.5				

	Check this box if no longer subjec
$\neg$	to Section 16. Form 4 or Form 5
_	obligations may continue. See
	Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

2. Issuer Name <b>and</b> Ticker or Trading Symbol Avid Bioservices, Inc. [CDMO]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
		I -			-		
3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023			elow)	below	(specify		
			Chief Fina	ncial Officer			
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of Original Filed (Month/Day	y/Year)	Line)	iai or Joint/Grou	up Filing (Check	Applicable		
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Rule 10b5-1(c) Transaction Indication							
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on 2A. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7.					7. Nature		
		4 and Se	curities	Form: Direct	of Indirect Beneficial Ownership		
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## Explanation of Responses:

1. Shares purchased under the issuer's Employee Stock Purchase Plan ("ESPP") for the ESPP offering period January 1, 2023 through June 30, 2023. In accordance with the ESPP, these shares were purchased at a price equal to 85% of the closing price of the issuer's common stock on January 3, 2023.

/s/ Daniel R. Hart

07/03/2023

\*\* 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.