FORM 4

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

Washington, D.C. 20549

Washington, D.O. 20040	,	

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden

0.5

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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

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

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Name and Address of Reporting Person*     Ziebell Mark R						2. Issuer Name and Ticker or Trading Symbol Avid Bioservices, Inc. [ CDMO ]										eck all appli Directo	cable) or	g Per	son(s) to Iss	vner	
(Last) 14191 M	Last) (First) (Middle) 4191 MYFORD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 10/09/2022										Officer (give title below)  V. P., Gener		Other (s below) Counsel	pecify	
(Street) TUSTIN (City)	TUSTIN CA 92780					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(0.13)				ı-Deriv	/ative	Se	curit	ies Ar	nuir	red [	Disr	nosed (	of or	Rene	eficial	ly Owned					
1. Title of Security (Instr. 3)  2. Trans Date (Month/					saction	ear) i	2A. Deemed Execution Date,			3. Transaction Code (Instr.			rities Ac	quired	(A) or	5. Amou Securitie Benefici Owned I	nt of es ally Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									G	Code	v	Amount	1)	A) or D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common	Stock, \$0.0	001 par value		10/0	9/202	2				M		697	,	A	(1)	36	,015	D			
Common	Stock, \$0.0	001 par value		10/0	9/202	2				M		1,26	0	A	(1)	37	,275	D			
		Т	able II - I									sed of onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of I		Expi	6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	e rcisable		opiration	Title	OI N O	umber						
Restricted Stock Units	(1)	10/09/2022			M			697		(2)		(2)	Comm		697	\$0.0000	45,900	6	D		
Restricted Stock Units	(1)	10/09/2022			M			1,260		(3)		(3)	Comm		1,260	\$0.0000	44,640	6	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. RSUs granted to the reporting person on July 9, 2021, vest in sixteen (16) equal quarterly installments over a four (4) year period beginning October 9, 2021 and each quarter thereafter until fully-vested, subject to the reporting person's continuous service to the Issuer on such vesting dates.
- 3. RSUs granted to the reporting person on July 9, 2022, vest in sixteen (16) equal quarterly installments over a four (4) year period beginning October 9, 2022 and each quarter thereafter until fully-vested, subject to the reporting person's continuous service to the Issuer on such vesting dates.

/s/ Mark R. Ziebell

10/11/2022

\*\* 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.