Check this box

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. 2054 | 9 |
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| Check this box if no longer subject | STA |
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| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

TEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: 0. | | | | | | | |

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

| Name and Address of Reporting Person* Ziebell Mark R | | | | 2. Issuer Name and Ticker or Trading Symbol Avid Bioservices, Inc. [CDMO] | | | | | | | | | k all app Direc | licable) tor | J | rson(s) to Is | vner | | |
|---|---|--|---------|---|---|--|--|-------------------------|---|-----|--|---------|-----------------------|-------------------------------------|--|---|--|--|------------|
| (Last) | (Fir | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/29/2023 | | | | | | | X | below | er (give title v) V. P., Gene | | Other (s below) Counsel | specify | | |
| (Street) TUSTIN | CA | 9 | 2780 | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 3. Indi ₋ine) X | Form | Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting on | | | | |
| (City) (State) (Zip) 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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | nded to | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or E | enetic | cially | Own | ed | | | |
| Date | | 2. Transac Date (Month/Da | | Execution Date, | | Date, | Transaction Disposed O Code (Instr. 5) | | es Acquired (A) Of (D) (Instr. 3, 4 | | 4 and Secu Bene Owne | | cially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Price | е | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock, \$0.001 par value 12/29. | | | 12/29/2 | 2023 | | | | J ⁽¹⁾ | | 892 | A | \$5. | 525 | 61 | 1,407 | | D | | |
| | | Tal | | | | | | | | • | osed of, convertib | | | • | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | Transaction Code (Instr. 8) | | of | r osed (1. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | unt | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Shares purchased under the issuer's Employee Stock Purchase Plan ("ESPP") for the ESPP offering period July 1, 2023 through December 31, 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 December 29, 2023.

/s/ Mark R. Ziebell

01/03/2024

** 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.