Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549	9
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STATEMENT	OF CHAN	GES IN B	ENEFICIAL

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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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

1. Name and Address of Reporting Person* Kwietniak Matthew R. (Last) (First) (Middle) 14191 MYFORD ROAD						2. Issuer Name and Ticker or Trading Symbol Avid Bioservices, Inc. [CDMO]										eck all a	ationship of Reportir k all applicable) Director		10% O		wner
						3. Date of Earliest Transaction (Month/Day/Year) 04/09/2024											Officer (give title below) Chief Comm			Other (s below) al Officer	pecify
(Street) TUSTIN CA 92780						4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual Line) X											vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(\$		(Zip)	a Davis		Chec	ck this t	oox to inc	dicate e def	e that a tra	ansa ditior	ns of Rule	made p 10b5-1	oursuan (c). See	e Instructi	on 10.			plan ti	hat is intende	d to
1. Title of Security (Instr. 3) 2. Tra			2. Trans	action	action 2A. Dec Execut Day/Year) if any		A. Deemed xecution Date,		3. Transaction Code (Instr.					d (A) or	A) or 5. Am Secur Benef Owne		nt of es ally following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount		(A) or (D)	Price	Trai	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock, \$0.0	001 par value		04/09	9/2024	2024			M		1,26	1 A		(1)	21,090		090	D			
Common Stock, \$0.001 par value 04/0				04/09	9/2024	/2024			M		1,271 A		A	(1)	(1) 22		22,361		D		
		T	able II -									sed of onverti				/ Own	ed				
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,		Transaction Code (Instr.		n of		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and			Derivat Securit	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Amount or Number Of Code V (A) (D) Exercisable Date Title Shares						or Number of															
Restricted Stock Units	(1)	04/09/2024			M			1,261		(2)		(2)	Comi		1,261	\$0.00	00	33,836	5	D	
Restricted Stock	(1)	04/09/2024			M			1,271		(3)		(3)	Comi		1,271	\$0.00	00	32,565	5	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, 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.
- 3. RSUs granted to the reporting person on July 9, 2023, vest in sixteen (16) equal quarterly installments over a four (4) year period beginning October 9, 2023, and each quarter thereafter until fully-vested, subject to the reporting person's continuous service to the Issuer on such vesting dates.

/s/ Stephen Hedberg, by Power 04/11/2024 of Attorney for Matthew R.

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.