

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Lamothe Jeffrey G.</u> _____ (Last) (First) (Middle) <u>C/O APTEVO THERAPEUTICS INC.</u> <u>2401 4TH AVENUE, SUITE 1050</u> _____ (Street) <u>SEATTLE WA 98121</u> _____ (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol <u>Aptevo Therapeutics Inc. [APVO]</u>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ Officer (give title below) _____ Other (specify below) _____ X _____ CFO		
			3. Date of Earliest Transaction (Month/Day/Year) <u>06/07/2022</u>			6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
			4. If Amendment, Date of Original Filed (Month/Day/Year)					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Restricted Stock Unit ⁽¹⁾	(2)	06/07/2022		A		11,000		(3)	(3)	Common Stock	11,000	\$0.00	11,000	D	

Explanation of Responses:

- As previously disclosed in a Form 4 filed on March 4, 2022, the reporting person was granted 11,000 options on such date. At the time of the grant, there were insufficient shares available for issuance under the Aptevo Therapeutics Inc. 2018 Stock Incentive Plan to make the full grant of equity award to the reporting person that was approved for issuance by Aptevo Therapeutics Inc.'s Compensation Committee. As such, the equity award was split into two separate grants with the first portion of 11,000 options granted on March 4, 2022 and the second portion of 11,000 restricted stock units granted on June 7, 2022, following stockholder approval of an increase in shares available for issuance under the Aptevo Therapeutics Inc. 2018 Stock Incentive Plan (as Amended and Restated).
- Restricted Stock Units ("RSUs") convert into common stock, \$0.001 par value per share, of the Issuer on a one-for-one basis.
- The RSU vests in three approximately equal annual installments beginning on March 3, 2023.

Remarks:

SoYoung Kwon, Attorney-in-Fact 06/07/2022

** 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.