FORM 4

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

Washington,	D.C.	20549
vvasilington,	D.C.	20040

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
hours per response:	0.5										

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>Detheux Michel</u>					2. Issuer Name and Ticker or Trading Symbol <u>iTeos Therapeutics, Inc.</u> [ ITOS ]									Check	tionship of Reportir all applicable) Director Officer (give title		10% Ov		wner
(Last) 139 MAI	(Fi	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/15/2021								X	below	/)	e Other (spec below) cutive Officer		specify
(Street) CAMBR (City)			2142 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							Indivine)	Form Form	al or Joint/Group Filing (Check Applicable form filed by One Reporting Person form filed by More than One Reporting ferson					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				·	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4					5. Amount of Securities Beneficially Owned Following Reported		nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(5 4)
Common Stock 10/15/2				10/15/20	021	21			S <sup>(1)</sup>		1,635	D	\$28.0	8.01 <sup>(2)</sup> 9		97,391		D	
Common	Stock	10/19/20			021	21		S <sup>(1)</sup>		201	D	\$28	8 97		97,190		D		
	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	ersion cercise (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Sec (A) Disy of (I				of	r osed ) . 3, 4	Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec	rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owr Fori Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on February 18, 2021.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$28.00 to \$28.06, inclusive. The reporting person undertakes to provide to iTeos Therapeutics, Inc., any security holder of iTeos Therapeutics, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

## Remarks:

/s/ Adi Osovsky, as Attorney-

10/19/2021

in-Fact

\*\* 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.